





STOPBang.ca

OSA

SCREEN

- Snoring loudly?
- Tired or sleepy during daytime?
- Observed apnea/choking/gasping?
- P BP(>140/90) or Anti-HTN Rx?
- BMI >35?
- Age >50?
- Neck circumference >   ?
- Gender = MALE?

STOPBANG Score

- Low risk: 0-2
- Intermediate risk: 3-4
- High risk: 5-8

Apnea-hypopnea Index

- Mild 5-15
- Mod 15-30
- Severe >30

AMBULATORY?

Yes!

Optimized co-morbids

and

Minimal / no opioids

No!

Non-optimized co-morbids

or

Opioids required

INTRA-OP

Consider Regional Anesthesia

If general anesthesia...

INDUCTION

- expect difficult airways

MAINTENANCE

- rapid onset/offset anesthetic agents
- multimodal analgesics
- no benzo

EMERGENCY

- reverse NMB agents
- sit up
- mobilize early

POST-OP DISPO

Monitor every patient on neuraxial/PCA opioids post-op (APSF recommendations)

If not possible, monitor 60 min after Aldrete Criteria is met for recurrent PACU respiratory events**

Admit w/ SpO₂ monitoring if

- Non-compliant w/ PAP therapy, or
- Severe OSA (AHI >30), or
- Significant co-morbids*, or
- Significant PACU resp events**

*comorbids

- heart failure
- arrhythmia
- uncontrolled HTN
- cerebrovascular disease
- metabolic syndrome

**resp events

- bradypnea <8 breaths
- SpO₂ <90%
- apnea >10s
- pain sedation mismatch