

# Prediction of Postoperative Risk of Complications from OSA: Baseline Risk & Postoperative Indicators

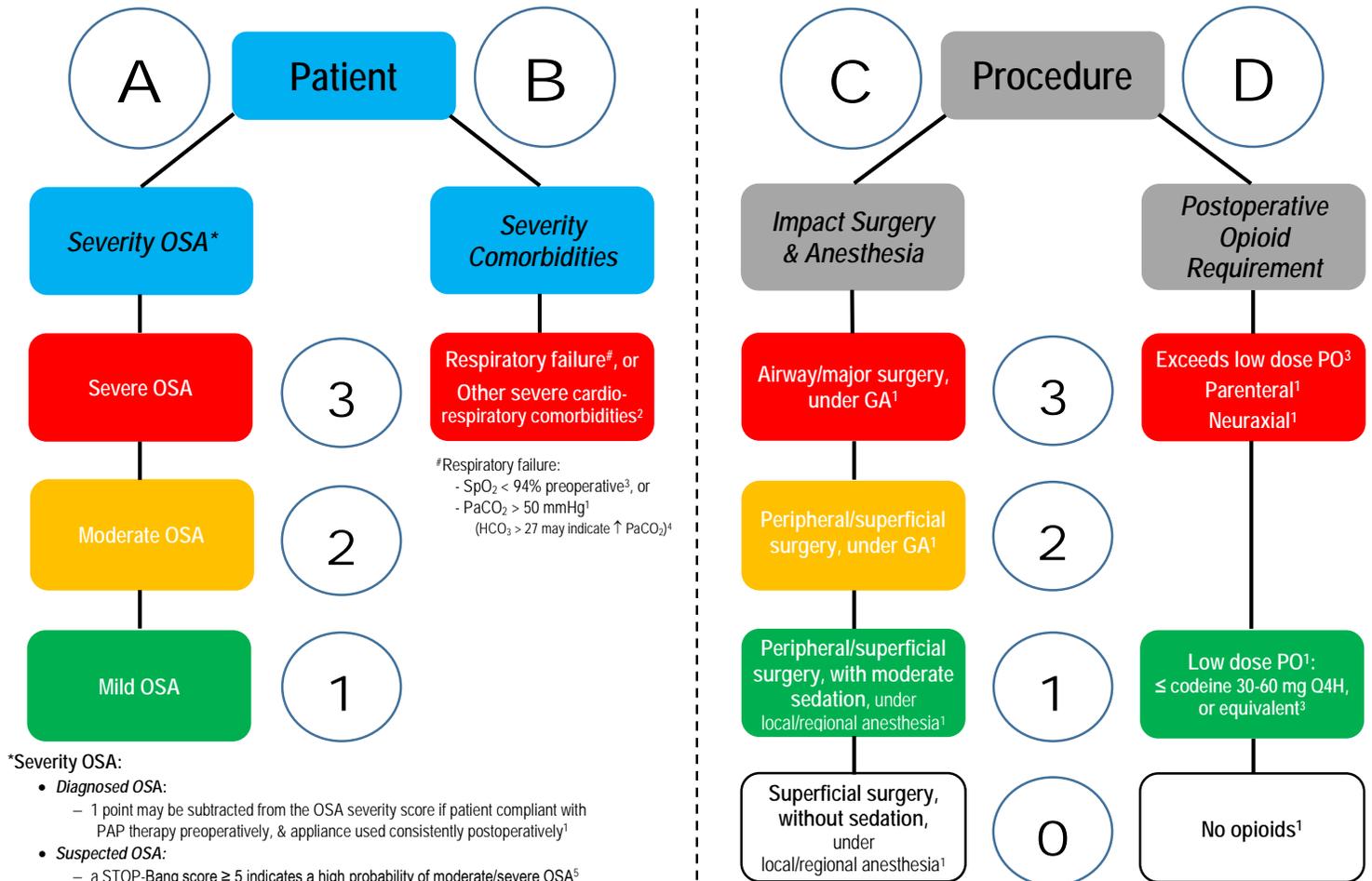
Vancouver Acute Department of Anesthesia and Perioperative Care - February 2014

## A. Baseline Risk Score: add greatest score under either column A or B, to greatest score under either column C or D

= adaptation of the OSA risk scoring system proposed in the 2006 and 2014 ASA Guidelines on the Perioperative Management of OSA

- can be predicted preoperatively and updated postoperatively

- meant only as a guide, and clinical judgment should be used to assess the risk of an individual patient



**Transition to opioid pain management after regional anesthesia:**  
If severe pain is expected to occur when regional anesthesia wears off in a patient with sleep apnea, the transition to opioid pain management should ideally occur in a monitored setting

Baseline Risk Score	Postoperative Risk <sup>1</sup>	Minimum Observation Level
5-6	may be significantly $\uparrow$	monitored bed <sup>†</sup>
4	may be $\uparrow$	? ward
2-3	probably not $\uparrow$	home

<sup>†</sup>continuous pulse oximetry & possibility of early nursing intervention, e.g. PACU, SDU or other Critical Care Unit (or remote oximetry by telemetry on surgical ward)<sup>3</sup>

## B. Postoperative Risk Indicators (monitored bed indicated, irrespective of Baseline Risk Score):

- recurrent respiratory events<sup>6</sup> (apneas  $\geq 10$  s, or bradypneas < 8/min, or desaturations to < 90%, or airway obstruction interventions), **OR**
- newly required PAP therapy<sup>7</sup>, **or**
- respiratory failure<sup>1</sup> (baseline room air SpO<sub>2</sub> < 90%, or increasing FiO<sub>2</sub> requirement, or PaCO<sub>2</sub> > 50 mmHg) , **OR**
- significant risk of myocardial ischemia or dysrhythmia<sup>8</sup> (cardiac monitoring indicated) , **or**
- opioid or sedative requirement not stabilized (e.g. uncontrolled pain or delirium) , **OR**
- pain-sedation mismatch<sup>6</sup> (high pain & sedation scores concurrently)

Disclaimer: These Clinical Practice Guidelines (the "Guidelines") have been developed by the Vancouver Acute Department of Anesthesia and Perioperative Care. The Guidelines are intended to give an understanding of a clinical problem and outline one or more preferred approaches to the investigation and management of the problem. The Guidelines are not intended as a substitute for the advice or professional judgment of a health care professional, nor are they intended to be the only approach to the management of clinical problems.

## References:

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