

RESPIRATORY THERAPY PROCEDURE

CATEGORY: System-Level Clinical
ISSUE DATE: September 18, 2014
SUBJECT: CPAP – CARE OF PATIENTS WITH
 OBSTRUCTIVE SLEEP APNEA

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PURPOSE

To ensure appropriate care for adult hospitalized patients with known or suspected obstructive sleep apnea (OSA).

PROCEDURE

Special Instructions

- Staff will encourage the use of home CPAP devices or oral appliances designed for the treatment of OSA.
- The patient's own home CPAP device and mask must be used if possible. The hospital has a limited number of devices that can be used until the patient's own device is available. Encourage family members to bring in the patient's unit from home as soon as possible.
- Patients must use their own oral appliance. This cannot be provided by the hospital.
- A physician order is not required if the patient is on home CPAP and has his own machine.
- When the amount of non-invasive units is critically low, preference will be given to patients in the following order:
 - Patients that are diagnosed or suspected of having OSA and are scheduled for elective or emergency surgery whether for pre-operative or post-operative use.
 - Patients that are diagnosed or suspected of having OSA that are scheduled for a minor procedure involving sedation/narcotics whether for pre-operative or post-operative use.
 - A compliant home CPAP user (5 hours/night every night for a least one week) who has been diagnosed with OSA.
 - Patients who do not use their prescribed CPAP, but CPAP is ordered by a physician.
- The Respiratory Therapist (RT) will advise the physician if the CPAP is unavailable and suggest using high flow supplemental oxygen nocturnally (goal saturations greater than 90%).

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Method

Patient On Home CPAP Who Has His Own Machine

1. The nurse will advise the patient of the risks of damage to the CPAP unit while in hospital, and document the discussion in the chart.
2. The nurse will instruct the patient to sign the Release for Personal Belongings form (**Appendix A**) and place it on the chart.
3. Once the Request For Service requisition is received, the RT will assess the need for assistance with the machine, humidifier and mask. Notify the nurse if assistance is needed.
4. The RT will document the assessment in the Respiratory section of the patient's chart.
5. If concerns arise with device or mask fit, the RT will notify the patient's home care company.

Patient On Home CPAP Who Does Not Have His Own Machine

The RT will:

1. Attempt to contact the home care company for the patient's prescribed pressure.
2. Setup a hospital-grade non-invasive CPAP device at a pressure between 8-10 cmH₂O as tolerated until the home care company can be reached and prescribed pressure is determined.
3. Continue to provide care throughout the hospital stay or until the patient's own CPAP is brought in.

EDUCATION AND TRAINING

Definitions

1. Continuous Positive Airway Pressure (CPAP): Any type of positive airway pressure device for the treatment of sleep apnea, including bi-level, iVAPS (Intelligent Volume-Assured Pressure Support), auto-titration and Servo ventilation devices.

References and Related Documents

Anesthesiology 2006; 104:1081–93, Lippincott Williams & Wilkins, Inc. Practice Guidelines for the Perioperative Management of Patients with Obstructive Sleep Apnea

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APPENDIX A

Health Sciences North/Horizon Santé Nord

I, _____
(Name of patient or substitute decision-maker)take full responsibility for _____'s
(Name of patient)

clothing, personal articles and valuables brought into the hospital, apart from those items placed in the hospital's vault.

I acknowledge that the Hôpital régional de Sudbury Regional Hospital (the "Hospital") will not accept responsibility for personal belongings left at the Hospital and not claimed within 15 days of discharge and may dispose of these belongings in accordance with their standard practice if not collected within 15 days from discharge.

Je, _____
(Nom du patient/ de la patiente ou du responsable de la décision)

prends la responsabilité entière des vêtements, articles personnels et objets de valeur de _____

(Nom du patient/ de la patiente)

apportés à l'hôpital, à l'exception de ceux placés dans la coffre fort de l'hôpital.

Je reconnais que l'Hôpital régional de Sudbury Regional Hospital (« l'Hôpital ») n'est pas responsable des objets personnels non réclamés dans les 15 jours suivant la mise en congé et que l'hôpital peut se débarrasser de ces objets selon sa pratique courante s'ils ne sont pas réclamés dans les 15 jours suivant la mise en congé.

Signature of patient or substitute decision-maker / Signature du patient/ de la patiente ou du responsable de la décision_____
Signature of Witness / Signature du témoin_____
Date (m/d/y) / Date (m/j/a)

Form # DC 750662



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REV 13 July 2016

RELEASE FOR PERSONAL BELONGINGS
LIBÉRATION DE RESPONSABILITÉ (EFFETS PERSONNELS)