Palm Drive Hospital

Obstructive Sleep Apnea (OSA)

Order Set

Check box to activate order if applicable
Cross out non-applicable orders with single line

DATE	TIME	
		Allergies: ☐NKDA ☐Penicillin ☐Sulfa ☐Other:_____
		Admit to: ☐Med/Surg ☐ICU (see also ICU Standing Orders) ☐Tele (see also Telemetry Standing Orders)

NURSING

☐Patient diagnosed with Sleep Apnea
- ☐Patient to use own CPAP/BiPAP — Settings _____
- ☐Initiate CPAP
- ☐Oxygen, as needed to maintain SpO_2 equal to or greater than _____ %

☐High risk for Sleep Apnea or Epworth Sleepiness scale 12 or over; BMI over 35
- ☐Initiate Obstructive Sleep Apnea Protocol (see algorithm on reverse side)
  1. Continuous pulse oximetry
  2. Continuous cardiac monitoring
  3. Notify Respiratory Therapy to assess patient at risk for sleep apnea
  4. Display Sleep Apnea Precautions sign on white board in room
  5. Have oxygen set up in room
  6. Elevate head of bed 30-40 degrees if not contraindicated
  7. Monitor O2 sats continuously with alarm set for O2 sats that fall below 90% while on IV, PCA, or epidural pain medication
  8. Monitor O2 sats continuously with alarm set for O2 sats that fall below 90% while on PO pain medications
  9. If apneic periods are witnessed and/or O2 sat falls below 90% despite oxygen supplementation, and call attending physician.
  10. Notify Dr. _____ for respiratory rate less than 10 or SpO_2 less than_____

☐Pulmonary consult to Dr. _____

ADDITIONAL ORDERS

☐In hospital ☐Post Discharge

Physician Signature:_____ DATE_____ TIME_____

Transcriber Signature:_____ DATE_____ TIME_____