



Education Bulletin

The ASAA is a non-profit organization dedicated to reducing injury, disability and death from sleep apnea and to enhancing the well-being of those affected by this common disease.

HOSPITAL CHECKLIST FOR OBSTRUCTIVE SLEEP APNEA PATIENTS

*In this document all uses of the term **CPAP** apply to any type of Positive Airway Pressure device for the treatment of sleep apnea, including CPAP, bi-level PAP, and auto-titrating PAP devices.*

For Obstructive Sleep Apnea (OSA) patients, there is a lot to learn about OSA and how it is treated. Patients need to understand how other events or activities can impact OSA and take any necessary steps to ensure that apnea is treated effectively. The use of CPAP therapy while hospitalized is one area of importance.

For effective treatment, OSA patients must use CPAPs anytime while sleeping. When hospitalized, many patients leave their CPAPs at home trusting that physicians and nurses will know how to manage OSA. However they often find out that hospital staff are not aware that the patient has OSA or that hospital staff are not prepared to care for OSA. Inadequate care of OSA while hospitalized can, among other things, impair healing, worsen pain and increase blood pressure, all leading to longer hospital stays and delayed recovery. Additionally, the use of narcotic pain medications and the lingering after-effects of anesthesia can make OSA worse.

This Patient Education Bulletin specifically addresses issues about CPAP while hospitalized. Many of the items may also be applicable to procedures done in an outpatient surgical center.

- Much of the comfort of CPAP treatment depends on using the proper mask and headgear. You are used to the mask you have been using and should be allowed to use it in the hospital.
- Ask if you can bring in your own CPAP equipment. If you are told that hospital policy dictates use of the hospital's equipment, speak to your doctor (and to both your surgeon and the anesthesiologist if you are having surgery) to confirm the hospital's policy and ask if the hospital has a "Permission and Release for use of Outside Medical Equipment/Appliance for Patient Treatment" form so that you can use your own equipment. Using your own equipment ensures that it has been properly set to treat your OSA. Also, many OSA patients use CPAP devices with special functions (e.g. Auto-adjusting PAP, Bi-level PAP, etc). If the hospital cannot provide a CPAP with similar features, you should be able to use your own equipment unless it is clear that different equipment will have the same or better benefits as your own.
- If the hospital's policy allows you to bring in your own equipment, ask if the hospital needs to inspect it before use to ensure that your equipment is functioning properly and will not be a shock or spark hazard. If your equipment does require clearance, take it in to the hospital before you are admitted. There may be a limit as to how far in advance of your admission you can have it cleared.
- Label all of your equipment, CPAP bag, mask and CPAP. When you are admitted, labels identifying you are printed for your chart and your wristband. These labels work very well to identify your equipment, so be sure to ask for extra labels.
- If hospital policy does not allow the use of outside equipment and you must use the hospital's

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equipment, insist that you use your own mask to control leaks and for your own comfort. Most interfaces can be used with hospital ventilators.

- While in the hospital, supplemental oxygen may be required. Your mask may have oxygen ports for attaching an oxygen line. If your mask does not have oxygen ports, check with your equipment provider or call the manufacturer and ask if an oxygen port adapter is available for your mask. Alternately, a hose with an integrated oxygen line is most likely available at the hospital and may be used with your mask.
- Show your doctor and shift nurses, as well as family and friends who will be visiting you, how to use your equipment. Reinforce the fact to them that if you are sleeping or sedated, your CPAP needs to be in use.
- If you are having surgery, tell your surgeon that you have sleep apnea and request a consultation with the anesthesiologist to discuss your OSA and how it will be managed. Tell the anesthesiologist your prescribed pressure and ask if they will need a letter from, or a consultation with, your sleep doctor.
- If your surgery involves general anesthesia you will be intubated (a breathing tube inserted into your windpipe); your CPAP will not be required during that time. However, after general anesthesia, your CPAP will be required immediately after the breathing tube comes out (extubation). Most patients are not intubated if the procedure involves sedation rather than general anesthesia. If you will be sedated during your procedure, remind the hospital staff that your CPAP needs to be available throughout the procedure.
- Immediately prior to surgery, a nurse will prepare you for your procedure. During this pre-operation period, your surgeon and anesthesiologist will stop by to discuss any last-minute concerns and surgical plans. At this time, remind your surgeon and anesthesiologist that your CPAP needs to be available to you when you are sedated and breathing on your own and that your oxygen saturation and heart rate need to be monitored.
- Exceptions to the above information may apply in relation to certain upper airway surgical procedures. You need to clarify this with the treating physicians and discuss these plans with your sleep physician.

Also, refer to the ASAA Patient Education Bulletin
**[“CPAP Use in a Hospital or Surgical Setting:
AN OBSTRUCTIVE SLEEP APNEA PATIENT’S
RIGHTS AND RESPONSIBILITIES”](#)**.

*As a non-profit organization, the American Sleep Apnea Association does not endorse or recommend any company, products, or health care provider.
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