STOP-BANG SLEEP APNEA/POST-OP NAUSEA/ ANTIBIOTIC RESISTANT ORGANISM SCREENING

Please complete the following questionnaires. This questionnaire will help us determine if you may be at high risk for having obstructive sleep apnea, post-operative nausea or antibiotic resistant organisms. This questionnaire is NOT used to diagnose sleep apnea, post-operative nausea or antibiotic resistant organisms but rather will provide your health care team with information which may help us improve the care we provide to you.

Height:_____inches Weight:_____lbs BMI >35 kg/m^2 **1point SB** Neck circumference:_____cm > 41cm **1Point SB**

1. Have you ever been diagnosed with sleep apnea? Yes No
2. If you have sleep apnea, how severe is it? Mild Moderate Severe NA Severity Score (AHI):_____
3. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? **Yes 1Point (SB)**
   Yes No
4. Do you often feel tired, fatigued, or sleepy during daytime? **Yes 1Point (SB)**
   Yes No
5. Has anyone observed you stop breathing during your sleep? **Yes 1Point (SB)**
   Yes No
6. Do you have or are you being treated for high blood pressure? **Yes 1Point (SB)**
   Yes No
7. Are you age over 50 years old? **Yes 1Point (SB)**
   Yes No
8. Gender (circle one) **1Point for male (SB) 1 Point for female (N)**
   Male Female
9. Do you smoke? **No 1Point (N)**
   Yes No
10. History of post operative Nausea or motion sickness? **Yes 1 Point (N)**
    Yes No
11. Will you be receiving pain medications (narcotics/opioids) after surgery? **Yes 1 Point (N)**
    Yes No

Antibiotic Resistant Organism Screen

1. Have you been told by a physician that you have had any Multi Drug resistant organism infection or colonization? Please circle one: Yes No
2. Have you recently been a patient in a trauma unit, Skilled nursing facility or been in combat theater of operations **and** have an open wound? Please circle one: Yes No
3. Do you have a skin or soft tissue infection? Please circle one: Yes No
4. Are you a dialysis patient or have you been hospitalized within the last 30 days? Please circle one: Yes No

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Have you had surgery at Naval Medical Center San Diego in the past year? YES NO

On you day of surgery is there any reason that you would not be able to come in at 0500-0630 am? YES NO

If yes please explain:_____

All females receive a pregnancy test on the day of surgery unless they are post menopausal or have had a hysterectomy.

Please check is this applies to you ☐ **Hysterectomy** ☐ **Post menopausal**

For PAC staff uses only:

(SB) STOP-BANG Total Score:_____ (range 0-8) (N) PONV Risk Factors:_____ (range 0-4)

High risk of obstructive sleep apnea: score of ≥3 or more. Low risk of obstructive sleep apnea: Score of <3.

A higher score on the STOP-BANG (i.e, ≥5) suggests higher probability of moderate to severe sleep apnea.

Probability of PONV – 0 risk factors- 10% 1 risk factors- 20% 2 – risk factors - 40% 3 – risk factors 60% 4– risk factors 80%.

Patient needs a nasal swab if they answer yes to any question in the **Antibiotic Resistant Organism Screen.**