**SAMPLE**

**Individualized Healthcare Protocol for Management of Obstructive Sleep Apnea**

**Name of Individual: Jane Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: Obstructive Sleep Apnea\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HCP Name: Albert Green, MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment Plan:**

Jane’s symptoms of obstructive sleep apnea include daytime napping or sleepiness, snoring while sleeping and morning headaches. Staff will work with Jane to improve her obstructive sleep apnea by:

* Assisting her to use her CPAP machine every night while sleeping
* Encouraging Jane to sleep on her side rather than her back by using positioning bump pillows to discourage rolling onto her back during the night
* Limiting snacks and food 2 hours prior to bedtime
* Providing non-caffeine products after 2pm
* Assist and encourage Jane to adhere to her weight reduction diet
* Documenting CPAP and pillow usage on tracking sheet

**Staff will:**

**Monitor for:**

* Proper use, maintenance and fit of CPAP machine according to CPAP Protective and Supportive Device Plan
* Signs and symptoms of unmanaged sleep apnea (daytime napping or sleepiness, morning headaches, soring)

**Report to Supervisor and Health Care Provider:**

* Any redness or facial lesions
* Repeated refusals to wear face mask/nasal cushion or to use CPAP/ BiPAP
* Consistent runny nose or cold symptoms
* Changes in sleep patterns, continual waking overnight
* No improvement in Jane’s symptoms of sleep apnea: daytime napping or sleepiness, morning headaches, snoring
* Jane complains of sinus/ear pressure or inability to tolerate treatment

**Call 911 for:**

* Difficulty Breathing
* Chest Pain
* Altered mental status or extreme change in behavior or level of consciousness
* Blue lips, pale or gray skin or other signs of decreased oxygen
* Lethargy or unconsciousness

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