

**Sleep Apnea Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of interrupted sleep, which may cause the brain and body not to get enough oxygen.

**Desired Outcome:**       will wear a CPAP when sleeping and follow physician’s instructions in order to minimize the effects of sleep apnea. Staff will respond as trained if symptoms of sleep apnea are exhibited.

**Why at risk/History:**

**Sleep apnea** is a serious sleep disorder that occurs when a person's breathing repeatedly stops and resumes during sleep. People with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times. This means the brain, and the rest of the body, may not get enough oxygen. Snoring loudly and feel tired even after a full night's sleep are common signs of sleep apnea. The main type of sleep apnea is obstructive sleep that occurs when throat muscles relax.

**Supports and interventions:**

* Staff will encourage      , as needed, to regularly exercise and eat a healthy diet.
* Staff will encourage      , as needed, to use of the CPAP when sleeping, especially at nighttime.
* Staff will ensure that the CPAP machine is set according to doctor’s orders and that the machine is on a level surface so that no water gets into the monitor.
* Staff will ensure that only distilled water is to be used in the water tray.
* The machine is NOT to be moved with water in the tray.
* Staff will ensure that the mask, tubing, tray and filters are routinely cleaned and replaced as recommended by the manufacturer.

**Monitor:**

* Fatigue
* Not feeling rested or sleeping more during the day
* Headaches
* Respiratory distress
* Skin rash where the mask rests
* Snoring
* Waking up throughout the night
* Change in behavior

**Notify:**

* **Call 911 if emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse if of any of any symptoms of sleep apnea, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of sleep apnea, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Sleep Apnea** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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