STOP-Bang Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no questionnaire items or forms

The STOP-Bang is an eight-domain OSA risk screen, one point each, total 0 to 8; current UHN interpretation: 0 to 2 low, 3 to 4 intermediate, 5 to 8 high, with a combination rule that lifts some 3s and 4s. It screens, never diagnoses, is University Health Network property used under licence, and is mandated by no US or Canadian law. Defensible charting names the build and algorithm, reports domains with the total, and documents the decision with its reasoning and owner.

Version, build, and licence forms and algorithms differ; UHN-licensed
Do: name the build, the algorithm (three-band with override vs older 3-or-more), and the response source.
Pitfall: "STOP-Bang positive" with no version or algorithm.

The total and the positive domains x/8 plus letters
Do: score with positive domains; disputed responses: who reported, which was used, alternate score and band.
Pitfall: "STOP-Bang 4" with no domains; a partner's report silently made definitive.

The band under a named algorithm 0-2 / 3-4 / 5-8
Do: state the band and whether an intermediate score was reclassified (two STOP domains + BMI over 35, enlarged neck, or male sex; age is not an override variable).
Pitfall: every 3 charted as high risk from an older source; a qualifying 4 left intermediate.

Screen, not diagnosis state diagnostic status
Do: screen-positive vs confirmed OSA (prior AHI/REI, PAP); only PSG or home testing diagnoses; no severity from the score.
Pitfall: "OSA per STOP-Bang"; a PAP-treated patient re-screened as undiagnosed.

Context that changes the meaning gas exchange, procedure, population
Do: procedure and opioid burden; hypoventilation, severe pulmonary hypertension, resting hypoxemia; sleepiness, driving, safety-critical work; sex, habitus, population caveats.
Pitfall: a high score with no gas-exchange assessment; a low score in a symptomatic woman charted as "no OSA."

The decision and its reasoning proceed / delay / refer / declined
Do: SASM: no routine delay for workup except with disturbed ventilation or gas exchange; ASA: presumptive management or individualized delay; write the reasoning either way.
Pitfall: a high score treated as an automatic cancellation or sleep-study order; "score high, proceeded" with no reasoning.

Plan, ownership, and safety advice who does what by when
Do: who orders testing, communicates with anesthesia and the unit, reassesses; driving and occupational advice; declined workup = offered, risks, capacity, reason, follow-up.
Pitfall: "patient refused" alone; a referral with no owner.

Before the note is signed

- [ ] Version, build, and algorithm named; response sources recorded
- [ ] Score reported with positive domains; disputes noted
- [ ] Band stated under the named algorithm; override applied or not
- [ ] Kept a screen: diagnostic status stated, no severity inferred
- [ ] Gas-exchange, procedure, and population context documented
- [ ] Decision recorded with its reasoning, either way
- [ ] Owner, follow-up, and safety advice recorded

Drafting with AI

Give it the facts: build, score and positive domains, source of each response, diagnostic status, procedure and gas-exchange context, symptoms, decision, owner.

"Draft STOP-Bang documentation: UHN three-band build, 6/8 (S O P B A G), partner confirms; no prior sleep study; no hypoventilation or hypoxemia; laparoscopic abdominal surgery; proceed with presumptive precautions; sleep referral to primary care."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

0 to 8	0-2 / 3-4 / 5-8	Screen, never diagnosis	UHN property
four STOP + four Bang domains	low / intermediate / high, with override	PSG or adequate home testing decides	clinical, EHR, and web use under licence

Full guide and sample note: **bastiongpt.com/template/stop-bang**

STOP-Bang Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no questionnaire content.

Setting: | Patient (initials): | Date: | Clinician:

Version / build + algorithm: | Source of responses (patient / partner / observed / imported):

Score and domains
Total ___/8 · positive domains (S T O P B A N G) · missing or disputed responses: who reported, response used, alternate score and band

Band and override
Low 0-2 / intermediate 3-4 / high 5-8 · override applied? two STOP domains + BMI over 35, enlarged neck, or male sex

Diagnostic status
Screen-positive, suspected OSA / confirmed OSA: prior AHI-REI, PAP prescribed, adherence · screen does not diagnose or grade severity

Context
Procedure, opioids and sedation, airway · hypoventilation, severe pulmonary hypertension, resting hypoxemia · sleepiness, driving, safety-critical work · sex, body habitus, population caveats

Decision and reasoning
Proceed with presumptive OSA precautions / delay for evaluation / refer for testing / informed decline · reasoning stated · precautions or referral details

Owner and follow-up
Who orders testing, communicates with anesthesia and the receiving unit, reassesses · date · handoff content

Safety advice and record
Driving and occupational advice given · full responses and scores retained where required (Australian MBS) · licence held

Clinician (name and credentials): | Signature: | Date: