

# Non-operating Room Anesthesia



## The Principles of Patient Assessment and Preparation

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### KEYWORDS

- Non-operating room
- Anesthesia
- Preoperative
- Evaluation
- Assessment
- Procedural sedation

### KEY POINTS

- Non-operating room (OR) anesthetics are becoming increasingly commonplace, which often entails taking care of patients who are more medically challenging than patients in the OR.
- Preoperative assessment may require a greater degree of resource coordination.
- Non-OR procedures present significantly different challenges for anesthesiologists during preprocedure, intraprocedure, and postprocedure periods.
- There are significant ways in which anesthesiologists can add value and optimize efficiency in the non-OR realm.

### INTRODUCTION

Over the last decade, there has been a shift from procedures being performed strictly in the operating room (OR) to less familiar locations within the far reaches of the hospital as well as outside of the hospital setting. Especially given an increase in the aging population with a significant disease burden, more procedures are being performed in non-OR locations to take advantage of noninvasive techniques that potentially impart less risk. Increasingly complex procedures are being performed in these settings in a population that may not be amenable to traditional surgical correction. In addition, a growing number of urgent and emergent procedures with medically unstable patients are increasingly common occurrences in these areas.

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## CHALLENGES OF NON-OPERATING ROOM PROCEDURES

Performing procedures outside of the OR creates a new set of challenges for anesthesiologists. Patients scheduled for non-OR procedures are often selected by the severity of their disease, which prevents them from undergoing a major procedure in the OR. These patients are sometimes more medically compromised and less optimized compared with the general OR population. For some practitioners, the firmly established familiarity with the OR and its resources is suddenly stripped away. Many of the non-OR sites are located deep within the trenches of hospitals that often require guides to locate for first-time visitors. Resources such as space, monitors, anesthesia equipment, and medications may oftentimes be scarce or hidden. These locations are often built without an anticipation for anesthesia needs and equipment, and additional skilled personnel may be located far away. All of these difficulties create a unique challenge that each anesthesiologist faces when delivering anesthetics in these locations.<sup>1,2</sup>

As the interventional medical technology continues to advance, increasingly complex procedures are being performed in all areas of non-OR specialties. In each hospital setting, the number of non-OR cases performed is growing at a startling pace. A medically complex patient population is often seen, and emergent procedures are commonplace. Anesthesiologists are tasked with providing anesthetic care to patients who are “too sick” or too frail for the OR in procedure rooms that are sometimes not staffed or equipped to handle these patients. There is significant pressure to perform fast evaluations with oftentimes only limited information, because many patients first present on the day of the procedure or are scheduled as urgent or emergent cases. Anesthesiologists may be expected to recover patients in busy recovery suites without dedicated extended postoperative monitoring capabilities and with staff who may not routinely recover patients from general anesthetics. In other instances where anesthetic care by anesthesiologists was not originally anticipated, anesthesiologists often become the first responders to emergent situations where little to no information about the patient is available. Many patients are referred directly to the proceduralist by their regular providers, without the benefit of a thorough preoperative evaluation until the day of the procedure; this is also true of urgent and emergent add-on cases, where little time is available to properly prepare the patient for anesthesia and optimize their comorbid conditions.

The reality is that many interventional procedures do not require anesthesia care, but rather sedation by nonanesthesia providers. However, compliance with existing standards of care for procedural sedation needs to be assured, regardless of the location or the administering staff. Anesthesiologists will need to be the advocates for setting standards and assuring compliance during procedures involving sedation by nonanesthesiologists, in accordance with American Society of Anesthesiologists (ASA) procedural sedation guidelines.<sup>3,4</sup> There is also a growing involvement of state and federal regulatory agencies. By monitoring outcomes and procedural events, these agencies will continue to scrutinize non-OR areas where sedation or anesthesia is being administered. Anesthesia and nonanesthesia physicians working in the non-OR environment must ensure that the goals of medical optimization and regulatory compliance that OR staff face are met in other areas. By the same token, anesthetic care is mandated to be held to the same standard regardless of the location where it is administered, as decreed by the Joint Commission on Accreditation of Healthcare Organizations and the Center for Medicare and Medicaid Services.<sup>5</sup>

With the growing number of non-OR procedures, a significant number of patients now require assessment before their procedural date. Many hospitals have a preoperative clinic or some kind of preoperative process in place to assess patients

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