



# When Should NORA become ORA?

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#### **Disclosures**



- I have no actual or potential conflict of interest in relation to this presentation.
- My words are my own and do not represent the official views of the Veteran Health Administration or the United States government

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## Learning Objectives



- Describe challenges associated with providing safe anesthesia care for patients at NORA locations
- Discuss patient factors that could necessitate a change from NORA to a procedure performed in an operating room
- Formulate a path for safe patient care at NORA locations at your individual facility or hospital

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#### **NORA** sites







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#### **NORA** sites



- APSF:
- "These recommendations apply to the provision of anesthesia or sedation in NORA locations, which include, but are not limited to, non-OR procedural areas in the inpatient and outpatient settings, including office-based areas like dentistry.
- ASA:
- This statement applies to Non-Operating Room Anesthesia (NORA) services defined as care
  provided by anesthesiology personnel for inpatients/outpatients undergoing diagnostic or
  therapeutic procedures performed at locations outside an operating room pavilion within the
  hospital.

Beard JW, et al. APSF Newsletter. 2023;38:67,72–75.

https://www.asahq.org/standards-and-practice-parameters/statement-on-nonoperating-room-anesthesia-services

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#### **NORA** sites



Table1: Locations for Non-Operating Room Anesthesia (NORA) Services

Gastroenterology Endoscopy Suite

Interventional Radiology areas including CT

**Bronchoscopy Suite** 

Cardiac Catheterization Lab

Electrophysiology Lab

MRI suite (Diagnostic, and surgical)

Nuclear Medicine department

Electroconvulsive therapy at PACUs or other locations

Pain Management procedure rooms

https://samba.memberclicks.net/assets/Formatted % 20 NORA% 20 Article % 207.25.19.pdf

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### **APSF Consensus Recommendations**



#### PREPROCEDURAL CARE AND PATIENT SELECTION

- A preprocedural evaluation process shall be established based on the ASA Practice Advisory for Preanesthesia Evaluation and emerging best practice.
- Adult and pediatric patient comorbidities should be identified which require specialized preoperative evaluation or necessitate procedural care in an inpatient facility.
- Adult and pediatric patients with elevated BMI or a diagnosis or suspected diagnosis of OSA should be evaluated on a case-by-case basis for suitability for the planned procedural location and management plan.
- Before each procedure, a timeout shall be conducted per The Joint Commission Universal Protocol or according to the facility protocol including site marking and laterality as indicated.
- Appropriate education shall be provided to team members for new or unfamiliar procedure types, and specific aspects of the case shall be reviewed with NORA staff.
- All patients should be assessed for fall and venous thromboembolism risk and treated appropriately.



Beard JW, et al. APSF Newsletter. 2023;38:67,72-75.

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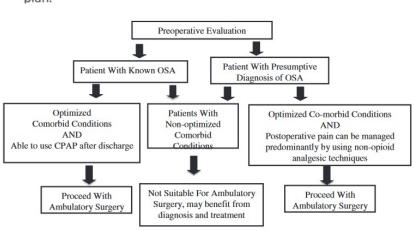


Figure 2. Decision making in preoperative selection of a patient with obstructive sleep apnea scheduled for ambulatory surgery. OSA = obstructive sleep apnea; CPAP = continuous positive airway pressure.

Joshi GP, et al. Anesth Analg. 2012 Nov;115(5) PMID: 22886843.

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Who is at risk?

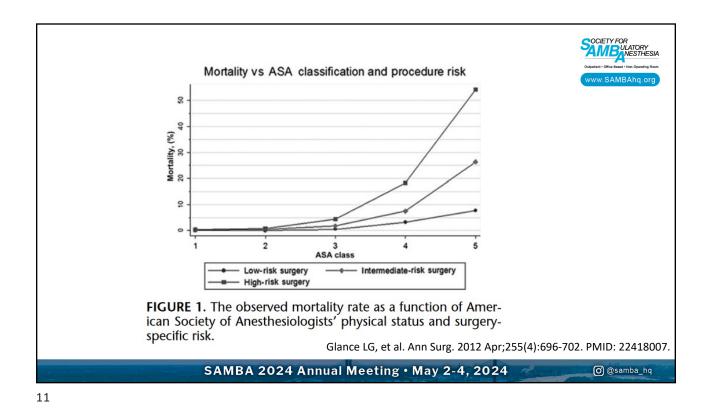
Who is at risk?

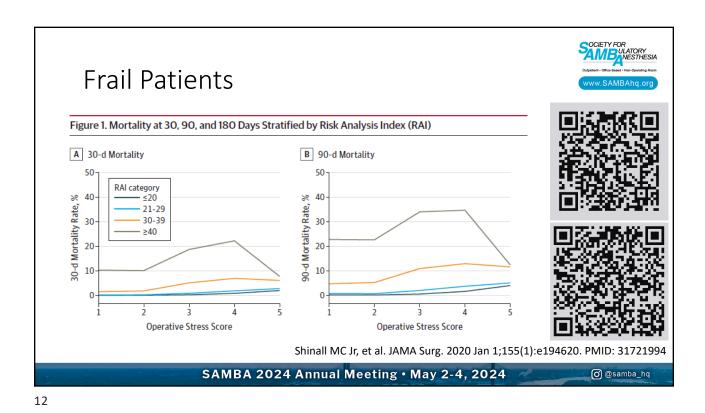
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### **NORA Patients**



- Preoperative Risk Assessment
  - To what degree are comorbid conditions optimized?
  - Is the patient appropriate for NORA?
- Some patients may be appropriate for NORA but require individualized care plans
  - ASA III/IV
  - Elevated BMI or history of OSA
  - Difficult Airway
  - Frail patients

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# Thank you!





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