

GUIDELINES FOR THE PRACTICE OF CRITICAL CARE BY ANESTHESIOLOGISTS

Committee of Origin: Critical Care Medicine

**(Approved by the ASA House of Delegates on October 16, 1974, and last amended on
October 27, 2004)**

The practice of anesthesiology includes provision of care to patients who are critically ill, while critical care medicine has its foundations in perioperative care provided by anesthesiologists, today's critical care medicine encompasses care beyond traditional intraoperative and routine postoperative care. Critical care medicine includes a wide variety of clinical services provided by the anesthesiologist who possesses special training and experience. Training in anesthesiology, along with additional advanced training in critical care medicine, uniquely prepares an individual to care for the critically ill by providing important technical skills as well as expertise in physiology, pharmacology and perioperative medicine. The expertise of the critical care anesthesiologist is of particular benefit to patients in the perioperative period; however, the critical care anesthesiologist's special skills, judgment and training are valuable to all critically ill adults and children. Anesthesiology-trained intensivists are capable of and practice all aspects of intensive care management in a variety of locations. Provision of an advanced level of health care services for critically ill patients is defined by the expertise and training of the critical care anesthesiologist and not by the location of the delivery of the care. Critical care services are most often provided in designated intensive care units, but may also be delivered in other locations including, but not limited to, the postanesthesia care unit, intermediate care units, and others. Critical care service that is provided by an anesthesiologist should be reimbursed in the same manner as with the same clinical services provided by any other appropriately-trained critical care physicians.

I. Basic Principles

The responsibilities of the anesthesiologist-intensivist include provision of clinical care, administration (of the intensive care unit), education and research. The manner in which care is delivered may involve total, comprehensive management, care coordinated with other providers or simple consultation. In each case, the following principles are essential:

- A. Due to the complex nature of critical illness, coordination of care is required. Therefore, one individual, either the critical care anesthesiologist or another physician, must assume global responsibilities for the patient to include all aspects of patient care, including communication with the patient, family and other providers.
- B. Continuous coverage by physicians formally trained and experienced in critical care medicine should be available. This coverage should be provided until the patient no longer is critically ill.
- C. Anesthesiologist-intensivists should be available to perform or supervise all invasive procedures for which they are the responsible physician.
- D. There may come a time when continued care is futile and perhaps inappropriate. In such circumstances, the anesthesiologist-intensivist, in conjunction with other care providers, should be available and able to discuss the humane and ethical withdrawal of supportive medical care while continuing to provide comfort care for the patient and emotional support for the family. This implies a moral commitment to honor the patient's advance directives or spoken desires.
- E. Patients must be seen at intervals appropriate to individual conditions.
- F. Activities are to be appropriately documented in the medical record.

GUIDELINES FOR THE PRACTICE OF CRITICAL CARE BY ANESTHESIOLOGISTS

- G. Because anesthesiologist-intensivists provide an essential service to patients and their families and because these services are often comprehensive and time-consuming, critical care medicine should be reimbursed at a rate commensurate with the effort and time that are required to render such services of comparable complexity and intensity.

II. Patient Care Activities

- A. The anesthesiologist-intensivist provides expertise in the diagnosis and management of disorders of the respiratory system, the cardiovascular system, the neurologic system, the gastrointestinal system (including metabolic and nutritional support) and the renal system (including administration of fluids and electrolytes and management of acid-base disorders). In addition, critical care anesthesiologists are experts in the care of the unconscious patient regardless of etiology, of the patient with a multiple organ injury or disease with multiple organ dysfunction syndrome, and of patients requiring life support. The critical care anesthesiologist effectively coordinates the management of these situations in a comprehensive and appropriate manner.
- B. The fully trained anesthesiologists-intensivist possesses the skills to perform a myriad of diagnostic, monitoring and therapeutic activities. Examples include, but are not limited to, bronchoscopy, invasive and noninvasive hemodynamic and respiratory monitoring, metabolic assessment, airway intubation; institution, management of and weaning from mechanical ventilation; tube thoracostomy; cardiopulmonary resuscitation; cardioversion; electrical cardiac pacing; mechanical and pharmacologic support of the circulation; parenteral and enteral nutrition; fluid, electrolyte and acid-base support; management of extracorporeal membrane oxygenation; hyperbaric oxygen therapy; intra-aortic balloon counterpulsation; and analgesia and sedation for both acute and chronic pain.

III. Educational Responsibilities

The anesthesiologist-intensivist should assume responsibility for the education of physicians in training and all other personnel involved in the care of the critically ill patient. This involves formal teaching conferences and use of other means for the dissemination of important new information on the care of the critically ill, advances in monitoring and therapy, and important administrative issues. It is essential that part of this responsibility be directed toward care at the end-of-life and ethical dilemmas.

IV. Research Responsibilities

If the care of critically ill patients is to improve, with attendant decreases in morbidity and mortality, then it is vitally important that anesthesiologist-intensivists actively participate in basic and clinical research designed to address the needs of the critically ill patient.

V. Ethical Responsibilities

The anesthesiologist-intensivist needs to be intimately involved in the ethical dilemmas that commonly develop in the intensive care unit, in appropriately communicating with patients and their families in making decisions regarding the appropriateness of treatment, and in understanding the need to maintain patient autonomy and dignity.

GUIDELINES FOR THE PRACTICE OF CRITICAL CARE BY ANESTHESIOLOGISTS

VI. Administrative Responsibilities

Administrative responsibility for the management of the critically ill patient is best directed by an individual, such as an anesthesiologist-intensivist, who is intimately and directly involved with and aware of the impact that administrative decisions can have upon patient care. Examples of appropriate activities include authority for admission to and discharge of patients from intensive care units, triage of critical care services, involvement in budgetary matters and input into constructing, remodeling, equipping, staffing and supplying intensive care units. The anesthesiologist-intensivist is a logical participant and should be a primary negotiator if the hospital becomes involved in the development of local, regional or national guidelines regarding the management of the critically ill and the reimbursement for the provision of services to the critically ill.