Guidelines for Patient Care in Anesthesiology

Committee of Origin: Surgical Anesthesia

(Approved by the ASA House of Delegates on October 3, 1967, and last amended on October 13, 2021)

I. Definition of Anesthesiology

The Guidelines for Delineation of Clinical Privileges in Anesthesiology are available on the ASA website.

Anesthesiology is the practice of medicine with a primary focus on, but not limited to:

A. The preoperative, intraoperative and postoperative evaluation and treatment of patients who are rendered unconscious and/or insensible to pain and emotional stress during surgical, obstetrical, radiological therapeutic and diagnostic or other medical procedures and participation in the overall coordination of care.

B. The protection and maintenance of life functions and vital organs (e.g., brain, heart, lungs, kidneys, liver, endocrine, skin integrity, nerve [sensory and muscular]) under the stress of anesthetic, surgical and other medical procedures.

C. Monitoring and maintenance of acceptable physiology during the perioperative period.

D. Diagnosis and treatment of acute, chronic and cancer-related pain.

E. Clinical management of cardiac and pulmonary resuscitation.

F. Evaluation of respiratory function and application of respiratory therapy.

G. Management of critically ill patients.

H. Conduct of clinical, translational, basic science and outcomes/best practice research.

I. Supervision, teaching and evaluation of performance of healthcare workers both involved in the perioperative care and during cardiac and pulmonary resuscitation.

J. Management and promotion of patient safety.

K. Communication of patient-care concerns with the surgeon/proceduralist and other members of the physician-led healthcare team whenever medically indicated.

II. Anesthesiologists' Responsibilities:

Anesthesiologists are physicians who have graduated from an accredited medical or osteopathic school and have successfully completed an approved residency in anesthesiology. The educational programs in anesthesiology are configured in 36-month and 48-month formats. The latter includes 12 months of education in fundamental clinical skills of medicine, and both include 36 months of education in clinical anesthesia (CA-1, CA-2, and CA-3 years). Physician anesthesiologists may have had additional subspecialty training and certification in subspecialty areas such as critical care medicine, pain medicine, pediatric anesthesiology, neurocritical care medicine, or hospice and palliative medicine. Additional certification in other areas may become available as determined by the subspecialty and/or the American Board of Anesthesiology. Physician anesthesiologists’ responsibilities to patients include:

A. Assessment of, consultation for and preparation of patients for anesthesia.

B. Determination of the patient’s medical status and developing and prescribing a plan of anesthesia care.

C. Recording an assessment and an anesthetic plan on the patient’s chart.
D. Medical management of patients and the anesthetic for the planned procedures including obtaining consultations as necessary.

E. Postanesthetic evaluation and treatment.

F. On-site medical direction of any nonphysician who participates in the delivery of anesthesia care to the patient. This includes certified anesthesiologist assistants and certified registered nurse anesthetists.

G. Perioperative pain management.

H. The practice of pain management as it pertains to the treatment of chronic pain.

I. Management of the hospitalized patient and/or critically ill patient when practicing hospital or critical care medicine.

J. Promotion of perioperative patient safety.

K. Setting the standards and policies for the administration of anesthesia services throughout hospitals, ambulatory surgery centers and outpatient offices (Office Based Anesthesia [OBA]).

III. Guidelines for Anesthesia Care:

A. The ASA has standards, guidelines, advisories, and statements available on its website (www.asahq.org).

B. The same standards for and quality of anesthetic care should be available for all patients, twenty-four hours a day, seven days a week.

C. Preanesthetic evaluation and preparation means that a physician anesthesiologist before the delivery of anesthesia care, is responsible for:
   1. Reviewing the available medical record.
   2. Interviewing [if possible, certain circumstances may prevent (e.g., emergent surgery, coma, etc)] and performing a focused examination of the patient to:
      a. Discuss the medical history, including previous anesthetic experiences and medical therapy.
      b. Assess those aspects of the patient’s physical condition that might affect decisions regarding perioperative risk and management.
      c. Review anesthetic plan with patient, health care surrogate, or guardian.
      d. Obtain informed consent from patient, health care surrogate, or guardian.
   3. Ordering and reviewing pertinent available tests and consultations as necessary for the delivery of anesthesia care.

D. Perianesthetic care means being responsible for:
   1. Preparation and verification of equipment, drugs, fluids and gas supplies.
   2. Selection and administration of anesthetic agents to render the patient insensible to pain, while providing a level of comfort and relaxation commensurate with the invasiveness and physiologic stress of the planned procedure.
   3. Re-evaluation of the patient immediately prior to induction.
   4. Premedication and psychological support of patients prior to anesthesia.
   5. Application of appropriate monitoring of the patient.
   7. Recording the pertinent events of the procedure.

E. Postanesthetic care means:
   1. Ensuring availability of physician and nursing personnel and equipment as required for safe post-anesthetic care.
2. Ensuring transfer of care information pertinent to the patient’s specific needs and ensuring a safe transition in each phase of recovery.
3. Remaining with the patient until the receiving health care provider has all of the information needed to assume care.
4. Ensuring that the duration of surveillance in the postanesthesia care unit is determined by the status of the patient and the judgement of the physician anesthesiologist.
5. Conducting a postanesthesia evaluation, assessing patients for sequelae from anesthetic interventions and arranging for appropriate follow-up.
6. Ensuring that the patient is discharged from the postanesthesia care unit in accordance with policies established by the Department of Anesthesiology.

IV. Additional Areas of Expertise:

A. Resuscitation procedures.
B. Pulmonary care.
C. Critical care medicine.
D. Diagnosis and treatment of acute, chronic, and cancer-related pain.
E. Trauma and emergency care.
F. Management of cardiopulmonary bypass or bridges to care which include but are not limited to management of intra-aortic balloon pumps (IABP) or extra-corporeal membrane oxygenation (ECMO).
G. Management of preadmission clinics for patients undergoing surgical, diagnostic or therapeutic procedures requiring care by a physician anesthesiologist.
H. Management, leadership, and oversight of locations where anesthesia services are provided (e.g. ambulatory surgery centers, non-operating room anesthetizing locations, office-based anesthesia) and in postanesthetic care units.
I. Personally providing, directing, and/or supervising the delivery of patient-centered anesthesia care.
J. Perioperative medicine.
K. Point of care ultrasonography, such as transesophageal or transthoracic echocardiography, for anatomic visualization and hemodynamic assessment as required in the perioperative period or ICU setting;
L. Point of care ultrasonography for regional anesthetics, vascular access and other diagnostic/therapeutic procedures as required in perioperative period or ICU setting.
M. Operating room management.
N. Perioperative performance improvement.
O. Regional anesthesia and analgesia.
P. Coagulation and coagulopathy management.
Q. Other specialized diagnostic or therapeutic procedures including but not limited to somatosensory or motor evoked potential monitoring and venovenous bypass.

V. Quality Assurance:

The physician anesthesiologist should participate in a planned program for evaluation of quality and appropriateness of the anesthetic care of patients and should participate in resolving identified problems.