Policy Statement on Practice Parameters

Committee of Origin: Standards and Practice Parameters

(Approved by the ASA House of Delegates on October 17, 2007, and last amended on October 13, 2021)

ASA practice parameters—practice standards, guidelines, and advisories—provide guidance in the form of requirements, recommendations, or other information intended to improve decision-making and promote beneficial outcomes for the practice of anesthesiology. The use of practice parameters cannot guarantee any specific outcome. Practice parameters are subject to periodic revision as warranted by the evolution of medical knowledge, technology, and practice. Variance from practice parameter guidance may be acceptable, based upon the judgment of the responsible anesthesiologist.

Practice guidelines and practice advisories are evidence-based and developed by a rigorous process that uses a systematic and standardized approach to the collection, assessment, analysis and reporting of scientific literature and public comment. Their development adheres to standards for trustworthy guidelines, including transparency and strict disclosure and management of potential conflicts of interest. They may be adopted, modified, or rejected according to clinical needs and constraints. They are not intended to replace local institutional policies. The key distinctions between standards, guidelines and advisories are outlined below.

A. Practice standards provide rules or minimum requirements for clinical practice. They are regarded as generally accepted principles of patient management. Standards may be modified only under unusual circumstances, e.g., extreme emergencies or unavailability of equipment.

B. Practice guidelines provide recommendations for patient care that describe a basic management strategy or a range of basic management strategies. Practice guidelines include recommendations that are developed based on a systematic review that assesses the quality, quantity, and consistency of evidence. Evidence-based practice guidelines are not offered or intended as standards or minimum requirements.

C. Practice advisories provide guidance to assist decision-making in areas of patient care where there is insufficient published research. Practice advisories are based on a systematic review but supported by evidence of limited quality, quantity, or consistency. Practice advisories are not offered or intended as standards, minimum requirements, or guidelines.

The ASA House of Delegates oversees the choice of new practice parameters and the updating of existing parameters. The ASA Committee on Standards and Practice Parameters supervises the creation of new practice parameters and the revision of existing practice parameters. The ASA Committee on Standards and Practice Parameters conducts a periodic review of ASA

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1 Graham R: Clinical practice guidelines we can trust, National Academies Press, 2011
practice standards, guidelines, and advisories. Official statements and other guidance documents developed by committees are not subsumed in the ASA practice parameter definition.

The interpretation and application of practice parameters take place within the context of local institutions, organizations, and practice conditions. Members of ASA are responsible for interpreting and applying practice parameters in their own institutions and practices. Practice parameters developed by the ASA are not intended as unique or exclusive indicators of appropriate care. A departure from practice parameter guidance may be appropriate if the facts and circumstances of the case demonstrate that the rendered care met the physician’s duty to the patient.