Statement on Administration of Medications

Committee of Origin: Quality Management and Departmental Administration

(Approved by the ASA House of Delegates on October 23, 2019, and last amended on December 13, 2020)

The administration of prescribed medication is a component of the practice of medicine. In the medical practice of anesthesiology, physician anesthesiologists personally administer medications and may delegate the administration of medications by some routes to nurses, nurse anesthetists, anesthesiologist assistants or other assistants as permitted by federal and state statute and regulations.

Routes of medication administration include:
- Oral, Nasal, Conjunctival, Sublingual or Buccal, Rectal, Vaginal, Topical, Subcutaneous, Transcutaneous, Inhaled, Intramuscular, Intravenous, Intraarterial, Intraosseal, Epidural, Subarachnoid, Perineural

All medication administration via parenteral routes should follow the guidelines of the Centers for Disease Control and Prevention (CDC) Safe Injection Practices to Prevent Transmission of Infection to Patients¹ and labeling guidelines² set by the American Society of Anesthesiologists.

Administration of medications includes the preparation of the medication from the packaged form into a form suitable as individually required by the needs of patients, including aseptically drawing up fluid medications into syringes, reconstituting and diluting sterile products, as well as preparing fluids in bags or bottles by attaching tubing for patient use. These activities are distinct from compounding and not subject to compounding regulatory guidance. Compounding does not include mixing, reconstituting, or other such acts that are performed in accordance with directions contained in approved labeling provided by the product’s manufacturer and other manufacturer directions consistent with that labeling.