GUIDELINES FOR AMBULATORY ANESTHESIA AND SURGERY

Committee of Origin: Ambulatory Surgical Care

(Approved by the ASA House of Delegates on October 15, 2003, and last amended on October 22, 2008)

The American Society of Anesthesiologists (ASA) endorses and supports the concept of Ambulatory Anesthesia and Surgery. ASA encourages the anesthesiologist to play a leadership role as the perioperative physician in all hospitals, ambulatory surgical facilities and office-based settings, and to participate in facility accreditation as a means for standardization and improving the quality of patient care.

These guidelines apply to all care involving anesthesiology personnel administering ambulatory anesthesia in all settings. These are minimal guidelines which may be exceeded at any time based on the judgment of the involved anesthesia personnel. These guidelines encourage high quality patient care, but observing them cannot guarantee any specific patient outcome. These guidelines are subject to periodic revision, as warranted by the evolution of technology and practice.

I. ASA Standards, Guidelines and Policies should be adhered to in all settings except where they are not applicable to outpatient care.

II. A licensed physician should be in attendance in the facility, or in the case of overnight care, immediately available by telephone, at all times during patient treatment and recovery and until the patients are medically discharged.

III. The facility must be established, constructed, equipped and operated in accordance with applicable local, state and federal laws and regulations. At a minimum, all settings should have a reliable source of oxygen, suction, resuscitation equipment and emergency drugs. Specific reference is made to the ASA *"Statement on Nonoperating Room Anesthetizing Locations."*

IV. Staff should be adequate to meet patient and facility needs for all procedures performed in the setting, and should consist of:

   A. Professional Staff

      1. Physicians and other practitioners who hold a valid license or certificate are duly qualified.

      2. Nurses who are duly licensed and qualified.

   B. Administrative Staff

   C. Housekeeping and Maintenance Staff

V. Physicians providing medical care in the facility should assume responsibility for credentials review, delineation of privileges, quality assurance and peer review.

VI. Qualified personnel and equipment should be on hand to manage emergencies. There should be established policies and procedures to respond to emergencies and unanticipated patient transfer to an acute care facility.

VII. Minimal patient care should include:

   A. Preoperative instructions and preparation.

   B. An appropriate pre-anesthesia evaluation and examination by an anesthesiologist, prior to anesthesia and surgery. In the event that nonphysician personnel are utilized in the process, the anesthesiologist must verify the information and repeat and record essential key elements of the evaluation.

   C. Preoperative studies and consultations as medically indicated.

D. An anesthesia plan developed by an anesthesiologist, discussed with and accepted by the patient and documented.

E. Administration of anesthesia by anesthesiologists, other qualified physicians or nonphysician anesthesia personnel medically directed by an anesthesiologist. Non-anesthesiologist physicians who are administering or supervising the administration of the continuum of anesthesia must be qualified by education, training, licensure, and appropriately credentialed by the facility.

F. Discharge of the patient is a physician responsibility.

G. Patients who receive other than unsupplemented local anesthesia must be discharged with a responsible adult.

H. Written postoperative and follow-up care instructions.

I. Accurate, confidential and current medical records.