

GUIDELINES FOR PATIENT CARE IN ANESTHESIOLOGY

(Approved by the House of Delegates on October 3, 1967 and last amended on October 18, 2006)

I. Definition of Anesthesiology

Anesthesiology is a discipline within the practice of medicine dealing with but not limited to, and specializing in:

- 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, therapeutic and diagnostic or other medical procedures;
- B. The protection 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 normal 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 and basic science research;
- I. Supervision, teaching and evaluation of performance of both medical and paramedical personnel involved in perioperative care and cardiac and pulmonary resuscitation.

II. Anesthesiologists' Responsibilities: Anesthesiologists are physicians who, after college, have graduated from an accredited medical school and have successfully completed an approved residency in anesthesiology. Anesthesiologists may have had additional training and certification in subspecialty areas such as critical care medicine or pain management. Areas of additional training may also include, but are not limited, to pediatric anesthesia, neuroanesthesia, obstetrical, vascular, regional, transplantation or cardiothoracic anesthesia. Anesthesiologists' responsibilities to patients include:

- A. Assessment of, consultation for and preparation of patients for anesthesia;
- B. Medical management of patients and the anesthetic for the planned procedures;
- C. Postanesthetic evaluation and treatment;
- D. On-site medical direction of any nonphysician who participates in the delivery of anesthesia care to the patient;
- E. Perioperative pain management.

III. Guidelines for Anesthesia Care:

- A. The same standards for and quality of anesthetic care should be available for:
 1. All patients, 24 hours a day, seven days a week;
 2. Emergency as well as elective patients;
 3. Obstetrical, medical and surgical patients.
- B. Preanesthetic evaluation and preparation means that an anesthesiologist:
 1. Reviews the chart;
 2. Interviews the patient, parents or guardians of a minor, next of kin if patient is unable to communicate, or reviews the available medical information if no information can be supplied by any of the above to:
 - a. Discuss the medical history, including anesthetic experiences and drug therapy;
 - b. Perform any examinations that would provide information that might assist in decisions regarding anesthetic risk and management;
 3. Orders tests and medications necessary to the conduct of anesthesia;
 4. Obtains consultations as necessary;

5 . Records an assessment and an anesthetic plan on the patient's chart.

C. Perianesthetic care means:

1. Re-evaluation of the patient immediately prior to induction;
2. Preparation and check of equipment, drugs, fluids and gas supplies;
3. Appropriate monitoring of the patient;
4. 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;
5. Support of life functions under the stress of anesthetic, surgical and obstetrical manipulations;
6. Recording the pertinent events of the procedure.

D. Postanesthetic care means:

1. Availability of nursing personnel and equipment as required for safe postanesthetic care;
2. The anesthesia care provider gives to the health care receiver transfer of care information pertinent to the patient's specific needs and ensure a safe transition;
3. The anesthesia care team remains with the patient as long as medically necessary and until the receiving health care provider has all the information needed to assume care;
4. Assurance that the patient is discharged from the postanesthesia care unit in accordance with policies established by the Department of Anesthesiology.
5. The duration of surveillance in the postanesthesia care unit is determined by the status of the patient and the judgment of the anesthesiologist.

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
- G. Management of preadmission clinics for patients undergoing surgical, diagnostic or therapeutic procedures requiring care by an anesthesiologist
- H. Perioperative medicine
- I. Transesophageal echocardiography
- J. Operating room management
- K. Regional anesthesia
- L. Other specialized diagnostic or therapeutic procedures including but not limited to somatosensory evoked potential monitoring and venovenous bypass

V. Quality Assurance:

The 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.