

CSA Guidelines for Deep Sedation by Non-Anesthesiologists



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In 2004, the CSA successfully introduced a resolution to the ASA House of Delegates, which instructed the ASA to “develop credentialing guidelines specifying the qualifications of individuals who are granted privileges to administer anesthetic drugs to establish a level of moderate or deep sedation.” This issue originated from a CSA task force chaired by CSA Past President Edgar D. Canada, M.D., which focused on the appropriate use of propofol. Various committees of the ASA have examined and attempted to resolve the question of what qualifications practitioners must have to be properly allowed to administer “Deep Sedation.” This subject received lengthy and somewhat contentious debate during the proceedings of the 2006 ASA House of Delegates meeting. As a result, the following resolution was passed by the House, and became official policy of ASA:

Statement on Granting Privileges to Nonanesthesiologist Practitioners for Personally Administering Deep Sedation or Supervising Deep Sedation by Individuals Who Are Not Anesthesia Professionals
(Approved by the ASA House of Delegates on October 18, 2006)

Because of the significant risk that patients who receive deep sedation may enter a state of general anesthesia, privileges to administer deep sedation should be granted only to practitioners who are qualified to administer general anesthesia or to appropriately supervised anesthesia professionals.

Over the past year, the CSA Board of Directors has discussed whether this statement adequately addresses the commonly reported observation that deep sedation is being performed in a number of clinical settings by nonanesthesia professionals. From these discussions emerged a reconsideration of the issue and eventually the adoption by the CSA House of Delegates, at our Annual Meeting last June, of the CSA Guidelines for Deep Sedation by Non-Anesthesiologists. It was strongly felt that these CSA Guidelines complement, rather than contradict, the ASA Statement. Instead of reproducing this

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somewhat lengthy document here in the *Bulletin*, I urge all CSA members to view and download it at http://www.csahq.org/pdf/alerts/CSADeepSed_HOD_Version.pdf.

It is likely that the language of these Guidelines will be updated and refined from time to time in the future by the CSA and thus having it posted on our Web site will allow access to the most reliable source. In addition, thanks to the efforts of our Legislative and Practice Affairs Division Chair, Ken Pauker, M.D., this issue, and CSA's Guidelines, have received the attention of the Aesthesia Patient Safety Foundation and will be discussed at their fall Board of Directors meeting.

Many of us have experienced instances in our hospitals and facilities wherein we, as anesthesiologists, are asked to pass judgment on the appropriateness of sedation practices of nonanesthesiologists. It is clear that this is occurring with increasing frequency, especially in the pediatric demographic and for procedures involving nonsurgical or minimally invasive techniques. These guidelines are intended to assist us and our medical staffs in continuing to assure the highest standards of patient safety for which our specialty has become widely recognized.

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