

STATEMENT ON REGIONAL ANESTHESIA

Committee of Origin: Anesthesia Care Team

(Approved by the ASA House of Delegates on October 12, 1983, and last amended on October 17, 2012)

While scope of practice is a matter to be decided by appropriate licensing and credentialing authorities, the American Society of Anesthesiologists, as an organization of physicians dedicated to enhancing the safety and quality of anesthesia care, believes it is appropriate to state its views concerning the provision of regional anesthesia. These views are founded on the premise that patient safety is the most important goal in the provisions of anesthesia care.

Anesthesiology, in all of its forms, including regional anesthesia, is the practice of medicine. Regional anesthesia involves diagnostic assessment, the consideration of indications and contraindications, the prescription of drugs, and the institution of corrective measures and treatment in response to complications. Therefore, the successful performance of regional anesthesia requires medical as well as technical expertise.

The medical component generally comprises the elements of medical direction and includes:

- a. Preanesthetic evaluation of the patient.
- b. Development and prescription of the anesthetic plan.
- c. Ensuring that the regional anesthetic is performed in an appropriate physical environment where appropriate medications (including lipid emulsion) and equipment are immediately available.
- d. Personal participation in the technical aspects of the regional anesthetic when appropriate.
- e. Following the course of the anesthetic.
- f. Remaining physically available for the immediate diagnosis and treatment of emergencies.
- g. Providing indicated postanesthesia care.

The technical requirements for regional anesthesia will vary with the procedure to be performed.

The decision as to the most appropriate anesthetic technique for a particular patient is a judgment of medical decision making, and competencies of the practitioners involved. The decision to perform a specific regional anesthetic technique is best made by a physician trained in the medical specialty of anesthesiology. The decision to interrupt or abort a technically difficult procedure, recognition of complications and changing medical practice that must consider all patient factors, procedure requirements, risks and benefits, consent issues, surgeon conditions, and provision of appropriate post-procedure care is the duty of a physician. Regional anesthetic techniques are best performed by an anesthesiologist who possesses the competence and skills necessary for safe and effective performance.