



## **Office Based Anesthesia**

### *Position Statement*

Certified Registered Nurse Anesthetists (CRNAs) have long been the predominant anesthesia professional and leaders in providing anesthesia services in physicians' offices. As the professional organization representing nurse anesthetists, the American Association of Nurse Anesthesiology (AANA) advocates high quality, appropriate standards of care for all patients in all settings, including the office based practice setting. As in other settings, CRNAs provide anesthesia working with physicians such as surgeons, anesthesiologists and, where authorized, podiatrists, dentists and other healthcare professionals.

The AANA has been at the forefront in establishing clinical practice standards, including patient monitoring standards. The standards for care in the office based setting are congruent with the AANA Standards for Nurse Anesthesia Practice. These standards are intended to support the delivery of patient-centered, consistent, high-quality, and safe anesthesia care and assist the public in understanding the CRNA's role in anesthesia care. These standards may be exceeded at any time at the discretion of the CRNA and/or healthcare organization.

Although the standards are intended to promote high quality patient care, they cannot ensure specific outcomes. There may be patient-specific circumstances (e.g., informed consent for emergency cases that may be difficult to obtain, mass casualty incident) that require modification of a standard. The CRNA must document modifications to these standards in the patient's healthcare record, along with the reason for the modification. When integrating new technologies or skills into practice, the CRNA will obtain any necessary education and evidence competency.

### **Anesthesia in the Office Setting**

There are some unique and specific responsibilities that should be considered prior to administration of anesthesia in the office setting. When considering an office based practice, anesthesia professionals should determine if there are appropriate resources to manage the various levels of anesthesia for the planned surgical procedures and the condition of the patient. Most office based practice settings are not regulated, therefore the CRNA should consider the benefit of uniform professional standards regarding practitioner qualifications and training, equipment, facilities and policies that support the safety of the patient during operative and anesthesia procedures in the office setting.

At a minimum the CRNA shall determine that there are policies to address:

- a. Patient selection criteria
- b. Monitoring equipment with a backup electrical source
- c. Adequate numbers of well-trained personnel to support the planned surgery, administration of anesthesia, and the patient's recovery
- d. The treatment of foreseeable complications
- e. Accessibility and suitability of emergency drugs and resuscitative equipment, as deemed appropriate based on the facility's patient population and needs



- f. Patient transfer to other healthcare facilities
- g. Infection control practices, including Occupational Safety and Health Administration (OSHA) requirements
- h. Preoperative testing and appropriate consultations
- i. Ancillary services (e.g., laboratory, pharmacy, consultation with outside specialists)
- j. Equipment maintenance
- k. Response to fire and other catastrophic events
- l. Recovery and discharge of patients
- m. Procedures for follow-up care

The CRNA shall comply with all applicable state and federal rules and regulations relating to licensure, certification, and accreditation of an office practice.

**AANA Supporting Documents:**

- [Standards for Nurse Anesthesia Practice](#)
- [Minimum Elements for Providing Anesthesia Services in the Office Based Practice Setting](#)
- [Anesthesia Equipment and Supplies Checklist](#)

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## Minimum Elements for Providing Anesthesia Services in the Office Based Practice Setting

### *Assessment Checklist*

#### **Practitioners**

##### *CRNA*

- Will the Board of Nursing and state laws allow the CRNA to work with this physician type?
- Will your liability insurance cover office anesthesia?
- Does the state have rules/regulations specific to office-based anesthesia?
  - What classes of patients, types of surgical procedures, and anesthesia will be performed?
  - Are there established policy and procedure processes in place?

##### *Operating Physician*

- Does the physician have liability coverage and a current licensure/Drug Enforcement Agency (DEA) number?
- Does the physician have hospital privileges for procedures?
- Does the physician have admitting privileges at the nearest hospital?

#### **Facility**

- Is the facility licensed?
  - By whom? Indicate name: \_\_\_\_\_
- Is the facility accredited?
  - By whom? Indicate name: \_\_\_\_\_
- Size of operating room (OR), recovery room, and preoperative area adequate for anesthesia and surgical procedures?
- Is there a transfer agreement?
- Does the facility have an emergency service agreement?
- Available communication resources: Are telephone numbers accessible and posted for Emergency Medical Services (EMS), Malignant Hyperthermia (MH) hotline, nearby hospital, etc.?

#### **Equipment**

##### *Local, Intravenous Sedation, Regional and General Anesthesia*

- Monitors include: pulse oximetry; electrocardiogram; blood pressure; O<sub>2</sub> analyzer when O<sub>2</sub> is delivered through the breathing system of the anesthesia machine; end-tidal CO<sub>2</sub> when administering general anesthesia; a monitor for the presence of expired carbon dioxide when administering moderate or deep sedation; a body temperature monitor when clinically significant changes are intended, anticipated, or suspected; and peripheral nerve stimulator

as indicated when administering neuromuscular blocking agents. Use of monitors should be appropriate to patient, procedure and type of anesthesia

- Oxygen supplies: Minimum of two oxygen sources must be available with regulators attached
- Continuous positive-pressure ventilation source tested and in working order (e.g., adjustable bag-mask, nonrebreathing units) appropriate to patient population
- Defibrillator (charged)
- Suction machine, tubing, suction catheters, and Yankaur suctions
- Accessible anesthesia storage unit to provide for organization of supplies including endotracheal equipment, masks, airways, syringes, needles, intravenous catheters, intravenous fluids and tubing, alcohol, stethoscopes, and medications appropriate for patient population
- Emergency resuscitation medications, including at a minimum ACLS or PALS protocol medications, if appropriate, to include, atropine, epinephrine, ephedrine, lidocaine, diphenhydramine, cortisone, and a bronchial dilator inhaler.

### *General Anesthesia*

- An authorized factory technician or qualified service personnel has documented that the anesthesia machine(s) and monitoring equipment are operable.  
The following items are available as an integral part of the anesthesia delivery system or equivalent stand-alone equipment:
  - O<sub>2</sub> fail-safe system
  - Oxygen analyzer
  - Waste gas exhaust system
  - End-tidal CO<sub>2</sub> analyzer
  - Vaporizers-calibration and exclusion system
  - Audible alarm system (variable pitch and low threshold capabilities)
- Pulse oximeter, electrocardiogram, blood pressure monitors
  - Temperature monitor as appropriate for patient age, physical status, and surgical procedure

### *Emergencies*

- Emergency equipment
  - Basic airway equipment (adult and pediatric)
    - Nasal and oral airway
    - Face mask (appropriate for patient)
    - Laryngoscopes, endotracheal tubes (adult and pediatric)
    - Ambu bag or other positive pressure ventilation device
  - Difficult airway equipment (laryngeal mask airway, light wand, cricothyrotomy kit)
  - Defibrillator
  - Supplemental O<sub>2</sub>
  - Emergency drugs
  - Compression board
  - Suction equipment (suction catheter, Yankaur type)
  - Drugs and equipment to treat MH on site
- Back-up power

### *Pharmaceutical Accountability*

- Is there an appropriate mechanism for documenting and tracking use of pharmaceuticals including controlled substances?
  - Lock box
  - DEA 222 forms
  - Count sheets
  - Waste policy
  - Expiration checklist or policy

### *Policies/Procedures and Protocols*

- Policies/procedures and protocols are in place regarding:
  - Preoperative lab requirements
  - Patient selection
  - Nothing by mouth (NPO) status
  - Discharge criteria
  - Case cancellations
  - Advanced Cardiac Life Support (ACLS) algorithms
  - MH protocols
  - Latex allergy protocols
  - Pediatric drug dosages
  - Emergencies
    - Cardiopulmonary
    - Chemical spill
    - Fire
    - Building evacuation
    - Bomb threat
    - Active shooter incidents
  - Reporting adverse reactions
  - Infection control in adherence to OSHA rules for control of medical waste, and CDC recommendations for disposal of sharps and personal protection
- Compliance with HIPAA patient information protection

### *Record Keeping*

- Record-keeping system in place for patients and providers
- Anesthesia record
- Consent forms
- Credentials
- Q/A mechanism
- Patient satisfaction/follow-up
- Preanesthesia equipment and supplies
- Purchasing agreements



## Staffing Recommendations

- OR
  - RN
  - LPN
  - OR technician
- PACU
  - RN
  - LPN
  - Anesthetist/surgeon

## Required Certification or Recertification

- ACLS certified
  - Surgeon
  - Anesthetist
  - RN
- BCLS certified
  - RN
  - LPN
  - Others



## Anesthesia Equipment and Supplies Checklist

(To be kept in log book)

Date: \_\_\_\_\_ Checked-out by: \_\_\_\_\_ Location: \_\_\_\_\_

- Oxygen pipeline pressure or primary source \_\_\_\_\_ pounds per square inch
- Oxygen tank pressure (second source) \_\_\_\_\_ pounds per square inch
- Back-up power
- Defibrillator and crash cart available
- Anesthesia cart supplies checked, i.e., intravenous equipment, anesthetics, stethoscope
- Suction equipment tested
- Ambu bag tested
- Electrocardiogram (ECG) operational
- Pulse oximeter operational
- Capnometer operational
- Blood pressure monitor
- Back-up blood pressure cuff
- Atropine
- Epinephrine
- Ephedrine
- Lidocaine
- Other emergency medications as indicated
- Endotracheal equipment, airways

If general anesthesia is planned: Anesthesia machine no. \_\_\_\_\_

- Leak test and other tests performed as indicated
- Oxygen analyzer is on
- Capnometer connected
- Temperature monitor available
- Emergency airways available, i.e., laryngeal mask airway, combitube, or cricothyrotomy kit
- Succinylcholine
- Dantrolene
- Other anesthesia medications as indicated

Note (if problem): \_\_\_\_\_

Follow-up (who, what): \_\_\_\_\_