



OFFICE BASED ANESTHESIA GUIDELINES

CONSIDERATIONS FOR PROVIDING ANESTHESIA IN THE OFFICE SETTING

As more physicians are offering office based procedures to their patients, the Risk Management Department at APIC has been looking closely at the risks associated not only with the procedures themselves, but also those related to the anesthesia or analgesia being provided for those services.

Review this document closely to determine applicability to your practice. If this rule does apply to your practice, or you think it may be applicable to your practice and setting, review the rule in its entirety at www.tmb.state.tx.us/rules. The information provided here is an overview and is not meant to replace your own comprehensive review of the complete rule on this subject.

The Texas Medical Board Rules, Chapter 192.1-192.6, are related to **Office-Based Anesthesia**. The purpose of these rules is to identify the roles and responsibilities of physicians providing, or overseeing by proper delegation, anesthesia services in outpatient settings and offices and to provide the minimum acceptable standards for provision of these in outpatient settings.

The rules do not apply to physicians who practice in the following settings:

- outpatient settings where only local anesthesia and/or peripheral nerve blocks are used
- any setting physically located outside the State of Texas
- a licensed hospital, including an outpatient facility of the hospital
- a licensed ambulatory surgical center
- a clinic located on tribal land
- a facility run by a governmental entity (including the United States or any of its agencies)
- an outpatient facility accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF), or the Accreditation Association for Ambulatory Health Care (AAAHC)

The following is a summary of the Office-Based Anesthesia Rules. *Review the rule in its entirety for the specific requirements of these Texas Medical Board Rules.*



Summary of the Texas Medical Board Rules Regarding Office-Based Anesthesia Services in Outpatient Settings Rules 192.1 – 192.6

The standards required for outpatient settings providing anesthesia services are categorized by level of personnel and equipment required to adequately care for the patients.

Services	Personnel Required	Equipment Required
Level I	2 personnel including: a physician certified in AHA-approved BCLS.	<ul style="list-style-type: none">• Bag mask valve• Oxygen• AED• Pre-measured doses of certain drugs
Level II	2 personnel including: a physician certified in AHA-approved ACLS or PALS and another person certified in AHA-approved BCLS. One of the above persons must attend the patient until discharge.	<ul style="list-style-type: none">• Crash cart equipped to carry out ACLS protocols• Level 1 equipment• IV equipment• Pulse oximeter• EKG monitor
Level III	2 personnel including: a physician certified in AHA-approved ACLS or PALS and another person certified in AHA-approved BCLS. One of the above persons must monitor the patient during the procedure. One of the above persons must attend the patient until discharge.	<ul style="list-style-type: none">• Crash cart equipped to carry out ACLS protocols• Level 1 equipment• IV equipment• Pulse oximeter• EKG monitor

Physicians administering anesthesia or performing procedures for which anesthesia services are provided in outpatient Level IV shall follow current, applicable standards and guidelines of the American Society of Anesthesiologists (ASA).



American Physicians Insurance Company

A physician delegating the provision of anesthesia or anesthesia-related services to a CRNA shall comply with ASA standards and guidelines.

Physiological monitoring of the patient shall be determined by the type of anesthesia and individual patient needs.

All anesthesia-related equipment and monitors shall be maintained to current operating room standards.

Each location must have emergency supplies immediately available. Supplies should include emergency drugs and CPR equipment.

Appropriate policies and procedures shall be in place including agreements with local EMS providers for the transportation of patients to the hospital in the case of an emergency. Other policies and procedures shall include management of outpatient anesthesia and management of emergencies. The operating physician shall verify that the policies and procedures are in place.

In the event an outpatient procedure results in an unanticipated and unplanned transport of the patient for more than 24 hours or a patient's death intra-operatively or within the immediate post-operative period, the physician or surgeon must notify the Texas Medical Board within 15 days.

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