

# POLICY STATEMENT ON PRACTICE PARAMETERS

(Approved by House of Delegates on October 13, 1993)

Practice parameters are developed to demonstrate indications and/or methods for diagnosis, management and treatment of specific clinical problems.

**Practice Parameters** include standards, guidelines and other strategies.

**Standards** are rules; e.g., minimum requirements for sound practice. They are generally accepted principles for patient management.

**Guidelines** are recommendations for patient management that may identify a particular management strategy or a range of management strategies.

Variances from practice parameters may be acceptable based on the judgment of the responsible anesthesiologist. Practice parameters are intended to encourage quality patient care, but cannot guarantee any specific patient outcome. They are subject to revision from time to time as warranted by the evolution of technology and practice.

Practice parameters are recommended to the ASA Board of Directors and House of Delegates. Committees which develop practice parameters are not empowered to define interpretations for specific institutions, organizations or practices.

Members of the Society are responsible for interpreting and applying practice parameters to their own institutions and practices. The practice parameters adopted by ASA are not necessarily the only evidence of appropriate care. An individual physician should have the opportunity to show that the care rendered, even if departing from the parameters in some respects, satisfies the physician's duty to the patient under all the facts and circumstances.

In addition to standards and guidelines, the ASA House of Delegates has approved a number of documents variously titled Statements, Positions or Protocols. These documents represent expressions of view by the House on a variety of subjects, but have not necessarily been subjected to the same level of formal scientific review as Standards or Guidelines. Variances from the terms of these documents may also be acceptable based on sound judgment of the responsible anesthesiologist. Appearing on the following pages are the Standards, Guidelines, Positions and Protocols.

References for each Practice Parameter appear below. Because of their length, ASA's Practice Parameters do not appear in this booklet. Copies may be obtained from the ASA Publications Department.

## PRACTICE PARAMETERS ADOPTED BY THE HOUSE OF DELEGATES

Ready LB, et al. Practice Guidelines for Acute Pain Management in the Preoperative Setting. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1995; 82:1071-1081.

Stehling LC., et al. Practice Guidelines for Blood Component Therapy. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1996; 84:732-47.

Ferrante FM, et al. Practice Guidelines for Cancer Pain Management. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1996; 84:1243-57.

Wilson PR, et al. Practice Guidelines for Chronic Pain Management. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1997; 86:995-1004.

Caplan RA, et al. Practice Guidelines for Management of the Difficult Airway. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1993; 78:597-602.

Hawkins, JL, et al. Practice Guidelines for Obstetrical Anesthesia. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1999 in press.

Thys DM, et al. Practice Guidelines for Perioperative Transesophageal Echocardiography. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1996; 84:986-1006.

Warner, MA, et al. Practice Guidelines for Preoperative Fasting. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1999 in press.

Roizen MF, et al. Practice Guidelines for Pulmonary Artery Catheterization. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1993; 78:380-394.

Gross JB, et al. Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists. Park Ridge, IL: American Society of Anesthesiologists. *Anesthesiology*. 1996; 84:459-71.