

Questions about the Practice Management Guidelines for Moderate Sedation and Analgesia

To the Editor:

The recently published Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018¹ are, considering an overall organization, excellent. They are clearly structured and truly offer a systematic framework for clinicians and administrators.

There are, however, three important points of concern:

1. On page 441 of the survey findings, the document states all four groups of surveyed specialists agreed that “in urgent or emergent situations, where complete gastric emptying is not possible, do not delay moderate procedural sedation based on fasting time alone.” This message also is reflected on page 442 of the recommendation for preprocedural patient preparation, regarding fasting. The conclusions and recommendation are incorrect: The actual surveys showed that all groups had higher “nonagreement rate” regarding the practice (see question 10 of all surveyed physicians), and the members of American Society of Dentist Anesthesiologists had the highest disagreement.
2. On page 447, “Sedatives/Analgesic Medications Intended for General Anesthesia,” point two of the actual recommendations, the message delivered may be confusing. According to the guidelines statement, practitioners are able to provide moderate sedation and potentially general anesthesia as long as they have the skills and they are able to care for their patients. What is then the definition of practitioners? What is the role of anesthesiologists and anesthesiologists in such regards? What are the requirements for nonanesthesiologists to be licensed in providing such care?
3. The guidelines claim involvement of various societies and groups of practitioners. The surveys, however, did not include the American College of Radiology or the Society for Interventional Radiology. The authors are asked to comment.

I commend again the authors and the American Society of Anesthesiologists task force for the incredible work and comprehensive clinical guidelines, yet there are critical concerns that need to be addressed.

Competing Interests

The author declares no competing interests.

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Reference

1. Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018: A Report by the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology. *ANESTHESIOLOGY*. 2018; 128:437–79

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In Reply:

On behalf of the American Society of Anesthesiologists (ASA) Task Force on Moderate Procedural Sedation and Analgesia, we thank Dr. Cattano for his thoughtful Letter to the Editor regarding the ASA Practice Guidelines¹ published in March 2018. Dr. Cattano stated that the findings reported among four groups of specialists surveyed were incorrect regarding the recommendation “in urgent or emergent situations, where complete gastric emptying is not possible, do not delay moderate procedural sedation based on fasting time alone” and that he believed that the surveys showed all groups had a higher “nonagreement rate” regarding the practice. Our findings for all four groups, however, reported median scores that reflected “agreement” with the recommendation using a 5-point scale of “strong agreement” to “strong disagreement.” The data show that in all cases, a majority of respondents either strongly agreed or agreed with the recommendation, and the percentage of respondents who disagreed or strongly disagreed never exceeded 35%. If Dr. Cattano was referring to variability among the groups for the disagreement scores, differences in the percentages never exceeded 12.5% for any response category.

On page 447 of the Guidelines, the recommendation reads “Assure that practitioners administering sedative/analgesic medications intended for general anesthesia are able to reliably identify and rescue patients from unintended deep sedation or general anesthesia.” Dr. Cattano suggests that the reader may be confused by what may constitute a “practitioner.” It is the intent of all ASA’s clinical practice parameters to provide *clinical* guidance to individuals who already have the proper training. In this case, if a practitioner is administering moderate procedural sedation, the individual should already have had the proper education and training to rescue a patient from unintended deep sedation or general anesthesia. Educational background, credentialing, and other training qualifications should be left to local policy documents devoted to those issues.

Although the American College of Radiology and the Society of Interventional Radiology declined to participate