

ASA Standards for Capnography

EDITORIAL

THE LATEST ASA MANDATE: CO₂ MONITORING FOR MODERATE AND DEEP SEDATION

The 2010 House of Delegates of the American Society of Anesthesiologists (ASA) amended its Standards for Basic Anesthetic Monitoring to require that mandatory exhaled end-tidal CO₂ monitoring be performed during moderate and deep sedation.

“During moderate or deep sedation, the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide ...”

Rather than the evidence-based amendment initiated by the ASA Council on Standards and Practice Parameters, approved by the ASA Board of Directors, and passed by the October 2010 ASA House of Delegates with supposedly little debate. This new standard makes perfect sense for medical anesthesiologists, particularly those who are not in the operating room.

... monitoring EtCO₂ for the anesthesiologist is far superior to the pulse oximeter for immediately detecting an obstructed airway, opiate-induced apnea, or other airway problems that only much later may be detected by the pulse oximeter.”

detecting an obstructed airway, opiate-induced apnea, or other airway problems that only much later may be detected by the pulse oximeter. Monitoring EtCO₂ is particularly important when anesthesiologists provide moderate sedation for patients who are too medically compromised to safely undergo general anesthesia and who would almost never be sedated in a dental office, such as an ASA IV patient with severe chronic obstructive pulmonary disease who may retain high levels of CO₂ during sedation or a morbidly obese, insulin-dependent diabetic patient with severe obstructive sleep apnea. Additionally, when the anesthesiologist is also not the person giving the local anesthetic (as in a breast biopsy) or in the case of a colonoscopy (during moderate sedation is not accompanied by the anesthesiologist's presence in the room), the only way to ensure the patient's safety is to monitor EtCO₂.

“Monitoring EtCO₂ is particularly important when anesthesiologists provide moderate sedation for patients who are too medically compromised to safely undergo general anesthesia...severe (COPD) during sedation or a morbidly obese, insulin dependent diabetic patient with severe obstructive sleep apnea”

... brought into the operating room for the endodontic procedure. To complicate this far-reaching ASA requirement, the Centers for Medicare and Medicaid Services in 2009 and 2010 rewrote their CMS Hospital Conditions of Participation and Interpretive Guidelines that govern anesthesia services. The CMS mandate that all anesthesia services in a hospital be organized by a qualified physician and consistently implemented in every hospital department and area where anesthesia services are rendered. However, as opposed to the ASA standards, the CMS definition of “anesthesia services” excludes topical and local anesthesia (conscious sedation), and labor epidural analgesia. Thus, even though the CMS does not require standardization of any monitoring, including EtCO₂, throughout the hospital for moderate sedation, because the ASA standards require anesthesiologists to monitor EtCO₂ for all of their moderate sedations, the

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