

February 10, 2011

Dear ACEP Member:

One of the core competencies of an emergency physician is procedural sedation. Our clinical policies have outlined the evidence that we are skilled in the area of analgesia, sedation, and emergency airway management. The Centers for Medicare & Medicaid Services (CMS) has revised its interpretive guidelines for anesthesia services. Hospitals are to use these guidelines in developing their individual credentialing policies. These guidelines and their FAQs note that "...emergency medicine-trained physicians have very specific skill sets to manage airways and ventilation that is necessary to provide patient rescue. Therefore, these practitioners are uniquely qualified to provide all levels of analgesia/sedation and anesthesia (moderate to deep to general)." This change in CMS' guidelines is the result of vigorous efforts by ACEP leadership and staff working with others to achieve this result.

The CMS document also suggests that hospitals should use specialty-specific guidelines in creating their credentialing policies and specifically cites ACEP's clinical policy on sedation, and quotes the Emergency Nurses Association (ENA) and ACEP to "support the delivery of medications used for procedural sedation and analgesia by credentialed emergency nurses working under the direct supervision of an emergency physician. These agents include but are not limited to etomidate, propofol, ketamine, fentanyl, and midazolam."

Recently, the American Society of Anesthesiologists (ASA) issued their "Statement on Granting Privileges for Deep Sedation to Non-Anesthesiologist Sedation Practitioners." After ACEP leaders met with the ASA, they wrote the attached letter of clarification. Of note, their statement and this letter preceded the CMS revision noted above.

We believe, based on the CMS interpretive guidelines and the ASA's letter of clarification, that physicians who are residency trained and/or board certified by ABEM/AOBEM in emergency medicine have the skills necessary to perform procedural sedation (including analgesia), as well as all levels of sedation. These skills surpass what is taught in Advanced Cardiac Life Support, Advanced Trauma Life Support, and Pediatric Advanced Life Support courses, so current certification in these courses should not be required. Many states and individual hospitals agree with this conclusion.

Further, as noted in the ASA's letter of clarification, our practice environment is unique. When two or more physicians are readily available to the emergency department, we feel it is prudent to have both present during the sedation. However, because our procedures are brief and we are able to address any airway issues, when two physicians are not available, sedation can be performed initially by an emergency physician, and once stable sedation and adequate monitoring are established, the emergency nurse can monitor the patient while the physician performs the procedure.

Emergency physicians provide care to more than 120 million people each year. We provide safe, quality care, including the comfort of our patients during painful procedures. These documents reaffirm our ability to safely care for our patients.

Sincerely,

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