



# Interpretive Guidance: Anesthesia Services in Hospitals and Ambulatory Surgical Facilities

May 2026

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## I. Background

The Pennsylvania Department of Health (Department) is issuing this interpretive guidance to clarify its expectations on the administration of anesthesia in hospitals and ambulatory surgical facilities.<sup>1</sup> This interpretive guidance is responsive to requests from the regulated community for clarity on what constitutes anesthesia and which health care providers can administer anesthesia. Historically, the Department has broadly interpreted the term “anesthesia,” which has limited how and by whom certain medications can be used and administered in these health care settings. The below interpretive guidance updates the Department’s interpretation and offers guidance to the regulated communities operating under related regulations.

Because this interpretive guidance is intended to uniformly clarify expectations on the administration of anesthesia, the Department has opted to include two facility types (hospitals and ambulatory surgical facilities) in one document. While the specific regulatory language subject to this interpretive guidance may differ for each facility type, the Department’s underlying interpretation of the term “anesthesia” applies similarly to both. The interpretive guidance herein is categorized according to facility type and includes subsections clarifying the Department’s expectations on both the administration of anesthesia and the administration of moderate sedation, minimal sedation, and topical or local anesthesia.

**Hospitals and ambulatory surgical facilities are required to maintain full or substantial compliance with all applicable regulations. The purpose of this document is to provide guidance on the requirements pertaining to the regulations cited and is not an exhaustive list of regulatory requirements that facilities may need to consider. References to federal regulations are included as instructive of the Department’s updated interpretations related to anesthesia and for the information of Medicare-certified facilities on the scope of requirements they should be considering when developing policies and procedures. Facilities should contact the appropriate Division of Acute and Ambulatory Care (DAAC) Field Office with questions not addressed by the guidance provided below.**

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<sup>1</sup> Because abortion facilities, as defined by the Health Care Facilities Act, 35 P.S. § 448.802a, are subject to the ambulatory surgical facility regulations, see 35 P.S. § 448.806(h), the information and interpretations relating to ambulatory surgical facilities extend to abortion facilities as well.



## II. Definitions

The Department's hospital regulations do not currently define the term "anesthesia," and the terms "sedation" and "analgesia" are not used in the Anesthesia Services Chapter or otherwise defined.<sup>2</sup>

The Department's ambulatory surgical facility regulations define anesthesia<sup>3</sup> as:

The use of pharmaceutical agents to induce the loss of sensation. For the purpose of this chapter, the term applies when any patient, in any setting receives, for any purpose, by any route, one of the following:

- (i) General, spinal or other regional anesthesia.
- (ii) Sedation (with or without analgesia), for which there is a reasonable expectation that, in the manner used, will result in the loss of protective reflexes for a significant percentage of a group of patients.

The Department considered the current regulatory standards and definitions, regulatory standards and interpretive guidance of the Centers for Medicare and Medicaid Services (CMS)<sup>4</sup>, scope of practice regulatory standards, and clinical practice statements of the American Society of Anesthesiologists (ASA)<sup>5</sup> when developing this interpretive guidance. Unless the context clearly indicates otherwise, the Department will interpret<sup>6</sup> the following terms in the hospital and ambulatory surgical facility regulations and this interpretive guidance as set forth in this section:

**Anesthesia:** General anesthesia, regional anesthesia, and monitored anesthesia care, including deep sedation/analgesia. The term does not include moderate or conscious sedation, minimum sedation, or topical or local anesthesia.

**Deep sedation/analgesia:** a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory

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<sup>2</sup> See generally 28 Pa. Code § 101.4 (relating to definitions) and Ch. 123 (relating to anesthesia services).

<sup>3</sup> 28 Pa. Code § 551.3.

<sup>4</sup> See generally 42 CFR Parts 416 and 482; CMS State Operations Manual (SOM) Appendices A (Rev. 238, Issued 3-20-26), pp. 475-476, and L (Rev. 215, Issued 7-21-23), p. 48.

<sup>5</sup> See generally ASA's [Statement on Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia](#) (last amended Oct. 2024) and [Statement on Distinguishing Monitored Anesthesia Care from Moderate Sedation/Analgesia \(Conscious Sedation\)](#) (Oct. 2023).

<sup>6</sup> The definitions in this section align with those published by ASA and CMS. See ASA's [Statement on Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia](#); CMS SOM Appendix A pp. 475-476.



function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. Deep sedation/analgesia is included in Monitored Anesthesia Care.

**General anesthesia:** a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory support is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. General anesthesia is used for those procedures when loss of consciousness is required for the safe and effective delivery of surgical services.

**Minimal sedation:** a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected. Minimal sedation is not anesthesia.

**Moderate/conscious sedation/analgesia (“moderate sedation”):** a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Moderate sedation is not anesthesia.

**Monitored anesthesia care (MAC):** anesthesia care that includes the monitoring of the patient by a practitioner who is qualified and authorized to administer anesthesia. Indications for MAC depend on the nature of the procedure, the patient’s clinical condition, and/or the potential need to convert to a general or regional anesthetic. Deep sedation/analgesia is included in MAC.

**Regional anesthesia:** the delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinals and other central neuraxial nerve blocks, is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required.

**Topical or local anesthesia:** the application or injection of a drug or combination of drugs to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed. There are generally no systemic effects of these medications. Despite the name, topical or local anesthesia is not anesthesia.

### III. Hospitals

In accordance with the above-described definitions of anesthesia, the Department offers the following interpretive guidance for hospitals.

#### A. Administration of Anesthesia

##### 1. Authorized administration

Anesthesia may only be administered by a qualified<sup>7</sup> physician (including a resident), anesthesiologist, dentist, certified registered nurse anesthetist (CRNA), or student registered nurse anesthetists.<sup>8</sup> Hospitals must maintain policies governing anesthesia administration, including the delineation of responsibilities during anesthesia services and qualifications and supervision requirements for personnel administering anesthesia, as applicable.<sup>9</sup> Policies governing administration of anesthesia must be consistent with state law and regulations governing scope of practice.

##### 2. Pre-anesthesia Care

Patients receiving anesthesia must receive a pre-anesthesia evaluation within the 48 hours immediately prior to the procedure or surgery. Pre-anesthesia evaluations may be performed by a person authorized to administer anesthesia. Pre-anesthesia evaluations performed by a non-physician practitioner must be under the supervision of a physician.<sup>10</sup> A pre-anesthesia evaluation must include a review and discussion of the patient's medical history, including discussion of previous anesthetic experiences, and examination of the patient.<sup>11</sup>

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<sup>7</sup> Qualified means authorized through applicable statutes and regulations governing scope of practice, the hospital's medical staff bylaws, and hospital policies and procedures adopted pursuant to 28 Pa. Code §§ 123.11-123.14.

<sup>8</sup> 28 Pa. Code § 123.5.

<sup>9</sup> See *generally* 28 Pa. Code §§ 123.11-123.14.

<sup>10</sup> 28 Pa. Code § 123.14(1).

<sup>11</sup> 28 Pa. Code § 123.14(1); See *also* 42 CFR § 482.52(b)(1); ASA's [Basic Standards for Pre-anesthesia Care](#) (last amended Oct. 2025).



### 3. Anesthesia Care

#### *i. Patient Monitoring<sup>12</sup>*

Qualified anesthesia personnel as identified in [Section III.A.1](#) must be continuously present during anesthesia services to monitor the patient and provide anesthesia care. The patient's oxygenation, ventilation, circulation, and temperature must be regularly and frequently evaluated.

#### *ii. Rescue Capacity<sup>13</sup>*

Because sedation is a continuum, hospitals must ensure they have procedures in place to rescue patients whose level of sedation becomes deeper than originally intended. Rescue requires an intervention by qualified anesthesia personnel. Qualified anesthesia personnel must correct adverse physiologic consequences of the deeper-than-intended level of sedation and return the patient to the originally intended level of sedation. A hospital may not continue a procedure at an unintended level of sedation.

### 4. Post-anesthesia Care<sup>14</sup>

Patients must receive post-anesthesia care in an appropriate setting, such as a post-anesthesia care unit or intensive care unit. Qualified anesthesia personnel must transport the patient to the post-anesthesia care setting and appropriately monitor the patient's condition during transport. The patient's condition must be regularly and frequently evaluated while in the post-anesthesia care setting. Patients must receive a post-anesthesia evaluation performed by a person authorized to administer anesthesia within 24 hours of the patient being moved to the recovery area. A post-anesthesia evaluation must include assessment and documentation of respiratory function, cardiovascular function, mental status, temperature, pain, nausea and vomiting, and post-operative hydration.<sup>15</sup> A post-anesthesia evaluation should not begin until the patient is

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<sup>12</sup> 28 Pa Code §§ 103.22(b)(7), 123.14(5). See also 42 CFR § 482.52(b)(2); CMS [SOM Appendix A](#) pp. 487-488; ASA's [Standards for Basic Anesthesia Monitoring](#) (last amended Oct. 2025).

<sup>13</sup> 28 Pa Code § 103.22(b)(7). See also CMS SOM Appendix A p. 476; ASA's *Statement on Continuum of Depth of Sedation*.

<sup>14</sup> See generally 28 Pa. Code §§ 103.22(b)(7), 123.14(4), 123.14(6). See also 42 CFR § 482.52(b)(3); CMS SOM Appendix A p 488-490; ASA's [Standards for Postanesthesia Care](#) (last amended Oct. 2024).

<sup>15</sup> 28 Pa. Code § 123.14 (6). See also CMS SOM Appendix A p. 490; ASA's *Standards for Postanesthesia Care*.

sufficiently recovered from the administration of the anesthesia to participate in the evaluation.

## **B. Administration of Moderate Sedation, Minimal Sedation, and Topical or Local Anesthesia**

### **1. Moderate Sedation**

#### *i. Authorized administration*

Moderate sedation may be administered by a qualified practitioner or registered nurse.<sup>16</sup> Hospitals must maintain policies governing the administration of moderate sedation, including the delineation of responsibilities during moderate sedation and qualifications and supervision requirements for personnel administering moderate sedation, as applicable.<sup>17</sup> Policies governing administration of moderate sedation must be in accordance with state law and regulation governing scope of practice.<sup>18</sup>

If moderate sedation is administered with sedative/analgesic medications intended for general anesthesia (e.g. propofol, ketamine, etomidate), hospitals must ensure that personnel administering the sedation have the ability to recognize deeper than intended sedation and maintain the patient's vital functions until the intended level of sedation is achieved.<sup>19</sup> Hospitals must also ensure that an individual or service with advanced life support skills is immediately available.<sup>20</sup>

#### *ii. Rescue Capacity<sup>21</sup>*

Because sedation is a continuum, hospitals must ensure they have procedures in place to rescue patients whose level of sedation becomes deeper than originally intended as described above in [Section III.A.3.ii](#). A hospital may not continue a procedure at an unintended level of sedation.

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<sup>16</sup> 28 Pa. Code § 107.64.

<sup>17</sup> See generally 28 Pa. Code §§ 107.12, 107.64. See also CMS SOM Appendix A p. 478.

<sup>18</sup> See, for example, 49 Pa. Code § 21.413.

<sup>19</sup> 28 Pa. Code § 103.22(b)(7). See also ASA's [Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018](#).

<sup>20</sup> 28 Pa. Code §§ 103.22(b)(6), (7). See also ASA's [Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018](#).

<sup>21</sup> 28 Pa Code § 103.22(b)(7). See also CMS SOM Appendix A p. 476; ASA's [Statement on Continuum of Depth of Sedation](#).



### *iii. Patient Evaluations*

While a pre-anesthesia evaluation is not required with moderate sedation, patients receiving moderate sedation must still undergo a pre-procedure medical history review, including underlying medical problems, sedation history, current medications, family history and a physical examination.<sup>22</sup>

### *iv. Patient Monitoring<sup>23</sup>*

During a procedure for which moderate sedation is administered, a patient's level of consciousness, ventilation, oxygenation, blood pressure, and heart rate must be regularly monitored and recorded. The frequency should be patient-specific based on the type and amount of medication administered, the length of the procedure, and the condition of the patient. At a minimum, monitoring and recording must occur before the administration of sedative/analgesic agents; after administration of sedative/analgesic agents; at regular intervals during the procedure; during initial recovery; and just before discharge.

Patient monitoring must be performed by a person other than the practitioner performing the procedure.

## 2. Minimal Sedation<sup>24</sup> and Topical and Local Anesthesia

Minimal sedation and topical and local anesthesia may be administered by a qualified practitioner, registered nurse, licensed practical nurse,<sup>25</sup> or nursing student, in

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<sup>22</sup> 28 Pa. Code §§ 103.22(b)(7)-(11). See also CMS SOM Appendix A pp. 485-488 (indicating "current practice dictates that the patient receiving moderate sedation be monitored and evaluated before, during, and after the procedure by trained practitioners..."); ASA's *Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018*.

<sup>23</sup> 28 Pa. Code § 103.22(b)(7). See also ASA's *Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018*.

<sup>24</sup> Examples of minimal sedation include (1) less than 50% nitrous oxide in oxygen with no other sedative or analgesic medications by any route and (2) a single, oral sedative or analgesic medication administered in doses appropriate for the unsupervised treatment of anxiety or pain. See ASA's *Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018*.

<sup>25</sup> See generally 49 Pa. Code § 21.145(b)(1). While an LPN may be authorized to administer minimal sedation or local or topical anesthesia, it must be administered according to applicable LPN scope of practice regulations and any relevant guidance or interpretation issued by the Pennsylvania Department of State.

accordance with medical staff bylaws, scope of practice rules<sup>26</sup> and policies developed by the pharmacy and therapeutics committee.<sup>27</sup>

## C. Section 123.5 Exception

As a result of this interpretive guidance, hospitals that have been granted an exception to section 123.5 of the hospital regulations to allow registered nurses to administer ketamine will no longer require the exception to administer ketamine for uses that do not constitute anesthesia. Hospitals that have been granted an exception to section 123.5 will receive written notice that their exception has been terminated as unnecessary because facilities may operate in accordance with this guidance **effective May 27, 2026**.

## IV. Ambulatory Surgical Facilities

In accordance with the above-described definitions of anesthesia, the Department offers the following interpretive guidance for ambulatory surgical facilities.

### A. Administration of Anesthesia

#### 1. Authorized administration

Class A facilities **may not** administer any form of anesthesia. Class B facilities **may** administer regional anesthesia and monitored anesthesia care, including deep sedation/analgesia, but **may not** administer general anesthesia. Class C facilities **may** administer all forms of anesthesia, including general anesthesia.<sup>28</sup>

In a Class B or C facility, permissible anesthesia may only be administered by qualified physicians, anesthesiologists, certified registered nurse anesthetists, dentists, or podiatrists.<sup>29</sup> Class B and C facilities must maintain policies governing anesthesia administration, including the delineation of responsibilities during anesthesia services and qualifications and supervision requirements for personnel administering anesthesia, as

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<sup>26</sup> 28 Pa. Code §§ 107.61, 107.64, 109.61.

<sup>27</sup> 28 Pa. Code §§ 113.25, 113.26.

<sup>28</sup> 28 Pa. Code §§ 551.3, 555.31(a).

<sup>29</sup> 28 Pa. Code §§ 551.3, 555.32(a). See also 42 CFR § 416.42(b); CMS SOM Appendix L pp. 49-51.



applicable.<sup>30</sup> Policies governing administration of anesthesia must be in accordance with state law and regulation governing scope of practice.

## 2. Pre-anesthesia Care

Patients receiving anesthesia must receive a pre-anesthesia evaluation immediately prior to surgery.<sup>31</sup> Pre-anesthesia evaluations may be performed by a person authorized to administer anesthesia.<sup>32</sup> A pre-anesthesia evaluation must include a review and discussion of the patient's medical history, including discussion of previous anesthetic experiences, and examination of the patient.<sup>33</sup>

## 3. Anesthesia Care

### *i. Patient Monitoring*<sup>34</sup>

Qualified anesthesia personnel as identified in [Section IV.A.1](#) must be continuously present during anesthesia to monitor the patient and provide anesthesia care. The patient's oxygenation, ventilation, circulation, and temperature must be regularly and frequently evaluated.

### *ii. Rescue Capacity*<sup>35</sup>

Because sedation is a continuum, Class B and C facilities must ensure they have procedures in place to rescue patients whose level of sedation becomes deeper than originally intended. Rescue requires an intervention by qualified anesthesia personnel. Qualified anesthesia personnel must correct adverse physiologic consequences of the deeper-than-intended level of sedation and return the patient to the originally intended level of sedation. A facility may not continue a procedure at an unintended level of sedation.

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<sup>30</sup> See generally 28 Pa. Code §§ 553.3(1), 555.3, 555.4, 555.31.

<sup>31</sup> 28 Pa. Code §§ 555.22(a)(2), 555.33(d)(1). See also ASA's *Basic Standards for Pre-anesthesia Care*.

<sup>32</sup> 28 Pa. Code § 555.31(b).

<sup>33</sup> 28 Pa. Code § 555.33(d)(1). See also 42 CFR § 416.42(a)(i); CMS [SOM Appendix L](#) p. 46.

<sup>34</sup> 28 Pa. Code §§ 553.12(b)(7), 555.33(5), 555.33(6). See also ASA's *Standards for Basic Anesthesia Monitoring*.

<sup>35</sup> 28 Pa. Code §§ 553.12(b)(7), 555.23(c). See also ASA's *Statement on Continuum of Depth of Sedation*.



#### 4. Post-anesthesia Care

Patients must receive post-anesthesia care in an appropriate setting.<sup>36</sup> Qualified anesthesia personnel must transport the patient to the post-anesthesia care setting and appropriately monitor the patient's condition during transport.<sup>37</sup> The patient's condition must be regularly and frequently evaluated while in the post-anesthesia care setting.<sup>38</sup> Patients must receive a post-anesthesia evaluation performed by a person authorized to administer anesthesia prior to discharge. A post-anesthesia evaluation must include assessment and documentation of level of activity, respiratory function, cardiovascular function, mental status, temperature, pain, nausea and vomiting, and post-operative hydration.<sup>39</sup> A post-anesthesia evaluation should not begin until the patient is sufficiently recovered from the administration of the anesthesia to participate in the evaluation.<sup>40</sup>

### **B. Administration of Moderate Sedation, Minimal Sedation, and Topical or Local Anesthesia**

#### 1. Moderate Sedation

##### *i. Administration*

Moderate sedation **may not** be administered in a Class A facility.<sup>41</sup>

In a Class B or C facility, moderate sedation may be administered by a qualified practitioner or registered nurse.<sup>42</sup> Class B and C facilities must maintain policies governing the administration of moderate sedation, including the delineation of responsibilities during moderate sedation and qualifications and supervision requirements for personnel administering moderate sedation, as applicable.<sup>43</sup> Policies governing administration of moderate sedation must be in accordance with state law and regulation governing scope of practice.<sup>44</sup>

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<sup>36</sup> 28 Pa. Code §§ 553.12(b)(7), 555.24(b).

<sup>37</sup> 28 Pa. Code § 555.33(d)(4).

<sup>38</sup> 28 Pa. Code §§ 553.12(b)(7), 555.24(b). *See also* ASA's *Standards for Postanesthesia Care*.

<sup>39</sup> 28 Pa. Code § 555.33(d)(8). *See also* CMS SOM Appendix L p. 48; ASA's *Standards for Postanesthesia Care*.

<sup>40</sup> 28 Pa. Code § 555.33(d)(8). *See also* 42 CFR § 416.42(a)(2); CMS SOM Appendix L p. 48.

<sup>41</sup> 28 Pa. Code §§ 551.3, 555.31(a).

<sup>42</sup> 28 Pa. Code § 555.13.

<sup>43</sup> *See generally* 28 Pa. Code §§ 553.3(1), 555.3, 555.4, 555.31.

<sup>44</sup> *See, for example*, 49 Pa. Code § 21.413.



If moderate sedation is administered with sedative/analgescic medications intended for general anesthesia (e.g. propofol, ketamine, etomidate), Class B and C facilities must ensure that practitioners and registered nurses authorized to administer moderate sedation have the ability to recognize deeper than intended sedation and maintain a patient's vital functions until the intended level of sedation is achieved.<sup>45</sup> Class B and C facilities must also ensure that an individual or service with advanced life support skills is immediately available.<sup>46</sup>

## *ii. Rescue Capacity<sup>47</sup>*

Because sedation is a continuum, Class B and C facilities must ensure they have procedures in place to rescue patients whose level of sedation becomes deeper than originally intended as described above in [Section IV.A.3.ii](#). A facility may not continue a procedure at an unintended level of sedation.

## *iii. Patient Evaluations*

While a pre-anesthesia evaluation is not required, patients receiving moderate sedation must still undergo a pre-procedure medical history review, including underlying medical problems, sedation history, current medications, family history and a focused physical examination.<sup>48</sup>

## *iv. Patient Monitoring<sup>49</sup>*

During a procedure for which moderate sedation is administered, a patient's level of consciousness, ventilation, oxygenation, blood pressure, and heart rate must be regularly monitored and recorded. The frequency should be patient-specific based on the type and amount of medication administered, the length of the procedure, and the condition of the patient. At a minimum, monitoring and recording should occur before the administration of sedative/analgescic agents, after administration of sedative/analgescic agents, at regular intervals during the procedure, during initial recovery, and just before

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<sup>45</sup> 28 Pa. Code § 553.12(b)(7). See also ASA's *Statement on Continuum of Depth of Sedation*.

<sup>46</sup> 28 Pa. Code §§ 553.12(b)(6), (7). See also ASA's *Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018*.

<sup>47</sup> 28 Pa. Code §§ 553.12(b)(7), 555.23(c).

<sup>48</sup> 28 Pa. Code §§ 553.12(b)(7), 555.22(a). See also ASA's *Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018*.

<sup>49</sup> 28 Pa. Code § 553.12(b)(7). See also ASA's *Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018*.

discharge. Patient monitoring must be performed by a person other than the practitioner performing the procedure.

## 2. Minimal Sedation and Topical and Local Anesthesia

Class A facilities **may** administer topical and local anesthesia but **may not** administer minimal sedation.

Minimal sedation in a Class B or C facility and topical and local anesthesia in any facility may administered be by a qualified practitioner or a registered nurse or licensed practical nurse with pharmacy training<sup>50</sup>, in accordance with medical staff bylaws and scope of practice rules.<sup>51</sup> Personnel administering minimal sedation, or topical or local anesthesia must adhere to the policies and practices governing administration of medications developed by the medical staff.<sup>52</sup>

## C. Propofol Structured Exception

In 2014, the Department published a [Propofol Structured Exception](#) to allow Class B ambulatory surgical facilities to use propofol for sedation. This exception was necessary because of the Department's position that any use of propofol constituted general anesthesia. In accordance with the updated interpretations in this guidance, the Propofol Structured Exception is no longer necessary and Class B facilities may use propofol for deep sedation/analgesia and moderate sedation without the need for an exception to 28 Pa. Code § 555.31(a).

A Class B facility's use of propofol must still comply with the Department's ambulatory surgical facility regulations, including the provisions and interpretations described above. For example, if a Class B ambulatory surgical facility uses propofol for deep sedation, the facility must comply with the requirements summarized above in [Section IV.A](#). If a Class B ambulatory surgical facility uses propofol for moderate sedation, the facility must comply with the requirements summarized above in [Section IV.B.1](#).

As a result of this interpretive guidance, facilities that have been granted the Propofol Structured Exception will receive written notice that their exception has been

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<sup>50</sup> See generally 49 Pa. Code § 21.145(b)(1). While an LPN may be authorized to administer minimal sedation or local or topical anesthesia, it must be administered according to applicable LPN scope of practice regulations and any relevant guidance or interpretation issued by the Pennsylvania Department of State.

<sup>51</sup> 28 Pa. Code § 555.13.

<sup>52</sup> 28 Pa. Code § 561.23.



terminated as unnecessary because facilities may operate in accordance with this guidance **effective May 27, 2026**.

## **V. Other Information**

This document is intended to offer interpretive guidance that is limited to the Department's hospital and ambulatory surgical facility regulations. Nothing in this interpretive guidance should be construed as affecting or interpreting any federal or state law or regulations outside of the Department's jurisdiction that may require or limit administration of anesthesia or use of anesthetics, including but not limited to the Conditions of Participation and regulations relating to scope of practice.