

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

Last approved by the ASA House of Delegates on October 15, 2014

Table 1: Current definitions (NO CHANGE) and Examples (NEW)

ASA PS Classification	Definition	Examples, including, but not limited to:
	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol
ASA I		use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 <bmi<40), disease<="" dm="" htn,="" lung="" mild="" th="" well-controlled=""></bmi<40),>
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

^{*}The addition of "E" denotes Emergency surgery:

(An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

Appendix 1

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- References related to use of the ASA PS Classification System
- 1. Guidelines for the use of Sedasys by non-anesthesia trained proceduralist and nurse. http://www.sedasys.com/
- American College of Surgeons' proposed guidelines for care of pediatric surgical patients.
 Journal of the American College of Surgeons, 2014;218:479-48
 - 3. Guidelines for local anesthesia cases in a major academic center. "Monitoring patients receiving local anesthesia", MGH, Perioperative Nursing, OR L. 16
 - 4. Office Based Procedure guidelines https://phpmm.org/Portals/79/WebFiles/Provider%20Manual%20Updates/Clinical%20Guidelines/MQIC%202009%20Office-Based%20Surgery%20Guideline.pdf
- Preoperative testing guidelines. http://www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists/

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Appendix 2

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- Selected References Addressing Inter-Rater Reliability of the ASA PS Classification System
- 1. Owens WD, Felts JA, et al. ASA physical status classifications: A study of consistency of ratings. Anesthesiology. 1978;49:239–43 (Editorial by Keats AS. The ASA Classification of Physical Status A Recapitulation. Anesthesiology 1978;49:233-6)
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 ASA physical status classifications to their patients. Paediatr Anaesth 2007;17:956-62
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 Anesthesiologists Physical Status Classification assignment in small animal anaesthesia. Vet
 Anaesth Analg. 2013 May;40(3):229-36
- 40 10. Sankar A, Johnson SR et al. Reliability of the American Society of Anesthesiologists physical status scale in clinical practice. Br J Anaesth 2014 Apr 11 (epub ahead of print)