

**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)**

<b>ASA PS Classification</b>	<b>Definition</b>	<b>Examples, including, but not limited to:</b>
<b>ASA I</b>	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
<b>ASA II</b>	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), well-controlled DM/HTN, mild lung disease
<b>ASA III</b>	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.
<b>ASA IV</b>	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
<b>ASA V</b>	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
<b>ASA VI</b>	A declared brain-dead patient whose organs are being removed for donor purposes	
<p>*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)</p>		

1 **Appendix 1**

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3 References related to use of the ASA PS Classification System

- 4 1. Guidelines for the use of Sedasys by non-anesthesia trained proceduralist and nurse.  
5 <http://www.sedasys.com/>  
6 2. American College of Surgeons' proposed guidelines for care of pediatric surgical patients.  
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8 3. Guidelines for local anesthesia cases in a major academic center. "Monitoring patients  
9 receiving local anesthesia", MGH, Perioperative Nursing, OR L. 16  
10 4. Office Based Procedure guidelines  
11 [https://phpmm.org/Portals/79/WebFiles/Provider%20Manual%20Updates/Clinical%20Guidel](https://phpmm.org/Portals/79/WebFiles/Provider%20Manual%20Updates/Clinical%20Guidelines/MQIC%202009%20Office-Based%20Surgery%20Guideline.pdf)  
12 [ines/MQIC%202009%20Office-Based%20Surgery%20Guideline.pdf](https://phpmm.org/Portals/79/WebFiles/Provider%20Manual%20Updates/Clinical%20Guidelines/MQIC%202009%20Office-Based%20Surgery%20Guideline.pdf)  
13 5. Preoperative testing guidelines. [http://www.choosingwisely.org/doctor-patient-lists/american-](http://www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists/)  
14 [society-of-anesthesiologists/](http://www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists/)  
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16 **Appendix 2**

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18 Selected References Addressing Inter-Rater Reliability of the ASA PS Classification System

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32 7. Bernard PA, Makin CE et al. Variability of ASA physical status class assignment among  
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37 9. McMillan M, Brearley J. Assessment of the variation in American Society of  
38 Anesthesiologists Physical Status Classification assignment in small animal anaesthesia. Vet  
39 Anaesth Analg. 2013 May;40(3):229-36  
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41 status scale in clinical practice. Br J Anaesth 2014 Apr 11 (epub ahead of print)