

## ASA KLASSIFIKATION / DANSK OVERSÆTTELSE

	Definition	Udvalgte eksempler
<b>ASA I</b>	Rask patient.	Rask, ikke-ryger, intet eller minimalt alkoholforbrug (1).
<b>ASA II</b>	Mild systemisk sygdom.	Ingen funktionsindskrækning. Eksempler: Ryger, alkoholindtag i social sammenhæng (2), gravid, svær overvægt (30<BMI<40), velbehandlet DM/HA/mild lungesygdom.
<b>ASA III</b>	Alvorlig systemisk sygdom.	Afgrænset funktionsnedsættelse. En eller flere betydende sygdomme (for eksempel): Dysreguleret DM eller HA, KOL, ekstrem svær overvægt (BMI > 40), aktiv hepatitis, alkoholafhængighed eller misbrug, implanteret pacemaker, moderat nedsat EF, kronisk dialyse, præmaturt barn (gestationsalder < 60 uger). AMI, PCI-behandling, cerebralt insult, TCI eller trombolyse på cerebrale kar for mere end 3 måneder siden.
<b>ASA IV</b>	Alvorlig systemisk sygdom, som er konstant livstruende.	Eksempler: AMI, PCI-behandling, cerebralt insult, TCI eller trombolyse på cerebrale kar for mindre end 3 måneder siden. Symptomatisk iskæmisk hjertesygdom eller svær klapdysfunktion, svært nedsat EF, sepsis med tegn til påvirket organfunktion, DIC, ARDS eller kontinuerlig dialyse.
<b>ASA V</b>	Moribund patient, som ikke forventes at overleve uden operation.	Eksempler: Bristet abdominalt eller thorakalt aortaaneurisme, svære traumer, intrakraniell blødning med massevirkning, tarmiskæmi ved hjerte- eller multiorgansvigt.
<b>ASA VI</b>	Hjernedød organdonor.	

DASAIMs fortolkning: 1. Minimalt alkoholindtag svarer til SST's 7/14 genstande om ugen for hhv kvinder og mænd.  
2. Alkoholindtag i social sammenhæng svarer til SST's 14/21 genstande om ugen for hhv kvinder og mænd.

FORKORTELSER:

BMI: Body Mass Index

DM: Diabetes Mellitus

HA: Hypertensio Arterialis

KOL: Kronisk Obstruktiv Lungelidelse

EF: Ejection Fraction

AMI: Akut Myokardie Infarkt

PCI: Perkutan Coronar Intervention

TCI: Transitorisk Cerebral Iskæmi

DIC: Dissemineret Intravaskulær Coagulation

ARDS: Akut Respiratorisk Distress Syndrom

Oversat af DASAIMs anæstesiudvalg november 2015.

Godkendt af DASAIMs bestyrelse november 2015.

**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**

2  
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.  
7 Journal of the American College of Surgeons, 2014;218:479-48  
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/)  
15

16 **Appendix 2**

17  
18 Selected References Addressing Inter-Rater Reliability of the ASA PS Classification System

- 19 1. Owens WD, Felts JA, et al. ASA physical status classifications: A study of consistency of  
20 ratings. Anesthesiology. 1978;49:239-43 (Editorial by Keats AS. The ASA Classification of  
21 Physical Status – A Recapitulation. Anesthesiology 1978;49:233-6)  
22 2. Haynes SR, Lawler PG. An assessment of the consistency of ASA physical status  
23 classification allocation. Anaesthesia. 1995;50:195-9  
24 3. Mak PH, Campbell RC et al. The ASA physical status classification: inter-observer  
25 consistency. Anaesth Intensive Care 2002;30:633-40  
26 4. Aronson WL, McAuliffe MS, Miller K. Variability in the American Society of  
27 Anesthesiologists Physical Status Classification Scale. AANA J. 2003;71:265-74  
28 5. Jacqueline R, Malvivia S et al. An assessment of interrater reliability of the ASA physical  
29 status classification in pediatric surgical patients. Paediatr Anaesth 2006;16:928-31  
30 6. Burgoyne LL, Smeltzer MP. How well do pediatric anesthesiologists agree when assigning  
31 ASA physical status classifications to their patients. Paediatr Anaesth 2007;17:956-62  
32 7. Bernard PA, Makin CE et al. Variability of ASA physical status class assignment among  
33 pediatric sedation practitioners. Int J Adolesc Med Health 2009;21:213-20  
34 8. Cuvillon P, Nouvellon E et al. American Society of Anesthesiologists' physical status system:  
35 a multicentre Francophone study to analyse reasons for classification disagreement. Eur J  
36 Anaesthesiol 2011;28:742-7  
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  
40 10. Sankar A, Johnson SR et al. Reliability of the American Society of Anesthesiologists physical  
41 status scale in clinical practice. Br J Anaesth 2014 Apr 11 (epub ahead of print)