

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:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol 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 ($30 < \text{BMI} < 40$), well-controlled DM/HTN, mild lung disease
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 ($\text{BMI} \geq 40$), 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

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.sedasy.com/>
2. 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>
5. Preoperative testing guidelines. <http://www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists/>

Appendix 2

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)
2. Haynes SR, Lawler PG. An assessment of the consistency of ASA physical status classification allocation. Anaesthesia. 1995;50:195-9
3. Mak PH, Campbell RC et al. The ASA physical status classification: inter-observer consistency. Anaesth Intensive Care 2002;30:633-40
4. Aronson WL, McAuliffe MS, Miller K. Variability in the American Society of Anesthesiologists Physical Status Classification Scale. AANA J. 2003;71:265–74
5. Jacqueline R, Malvivya S et al. An assessment of interrater reliability of the ASA physical status classification in pediatric surgical patients. Paediatr Anaesth 2006;16:928-31
6. Burgoyne LL, Smeltzer MP. How well do pediatric anesthesiologists agree when assigning ASA physical status classifications to their patients. Paediatr Anaesth 2007;17:956-62
7. Bernard PA, Makin CE et al. Variability of ASA physical status class assignment among pediatric sedation practitioners. Int J Adolesc Med Health 2009;21:213-20
8. Cuvillon P, Nouvellon E et al. American Society of Anesthesiologists' physical status system: a multicentre Francophone study to analyse reasons for classification disagreement. Eur J Anaesthesiol 2011;28:742-7
9. McMillan M, Brearley J. Assessment of the variation in American Society of Anesthesiologists Physical Status Classification assignment in small animal anaesthesia. Vet Anaesth Analg. 2013 May;40(3):229-36
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)