

ASA Physical Status Classification

Anesthetic Pearls: Anesthetic Implications of the ASA Physical Status Classification System

<u>ASA Class</u>	<u>Description</u>
1	Normal healthy patient
2	Mild systemic disease and no functional limitation
3	Severe systemic disease with some functional limitation
4	Severe systemic disease that is a constant threat to life and functionally incapacitating
5	Moribund patient not expected to survive 24-hrs without surgery
6	Brain dead patient whose organs are being harvested
“E”	Delay in operation presents risk to life or function of patient

- Developed in 1961 by ASA for the purpose of assessing a patient's physiologic and functional status pre-operatively.
- Only 5 classes in the original manuscript (technically there are now 6 categories).
- Not intended to be a direct assessment of risk, and still is not considered to be, but it does generally correlate with peri-operative morbidity and mortality (common boards question).
- Many will give any smoker an ASA-2 (decreased lung function), parturient an ASA-2 (on the theory that the physiologic changes of pregnancy are a disease and not just normal body functioning), and people with previous MI an ASA-3, but there is no hard and fast rule on any of these.
- Some anesthesiologists will give a parturient receiving an epidural catheter the emergency modifier, on the grounds that the patient is in acute pain, which interferes with the function of patient (potential for over-billing practice).
- PubMed search found numerous studies showing a large variation among anesthesiologists, especially with regard to age, obesity, previous myocardial infarction, and anemia, which continues to provoke controversy.

Bottom line: The assessment is of function status (what the patient is able to do). Example: a person with a previous MI who runs marathons has (or had) systemic disease, but it is obviously not functionally limiting, so in theory this patient should get an ASA-2 (although many would give him an ASA-3 anyway, on the theory that a previous MI constitutes a severe systemic disease), but in this case that ignores the functional aspect of the ASA classification.

Sample board questions:

1) A patient with IDDM, PVD, and claudication, which appears after walking a few blocks, is scheduled to undergo hysterectomy because of postmenopausal bleeding. What would her ASA status would be?

- A. I
- B. II
- C. III
- D. III-E
- E. IV

Answer: C (Severe systemic disease with some functional limitation, not an emergency operation)

2) ASA Physical Status Classification is?

- A. Is an assessment of the functional status of the patient
- B. Generally correlates with perioperative morbidity and mortality
- C. Is not a direct assessment of risk
- D. Allows anesthesiologists to classify patients so as to be able to communicate better with each other about the status of the patient
- E. E. All of the above

Answer: E