

ASA KLASSIFIKATION / DANSK OVERSÆTTELSE

	Definition	Udvalgte eksempler
ASA I	Rask patient.	Rask, ikke-ryger, intet eller minimalt alkoholforbrug (1).
ASA II	Mild systemisk sygdom.	Ingen funktionsindskrækning. Eksempler: Ryger, alkoholindtag i social sammenhæng (2), gravid, svær overvægt (30<BMI<40), velbehandlet DM/HA/mild lungesygdom.
ASA III	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.
ASA IV	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.
ASA V	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.
ASA VI	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)

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<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 (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	
<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)