

GUIDELINE

ASA Physical Status Classification

Preamble

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee develops professional guidelines to assist physicians in meeting high standards of medical practice and conduct. A guideline reflects a recommended course of action established based on the values, principles and duties of the medical profession. Guidelines attempt to define practices that meet the needs of patients in most circumstances and are not a replacement for clinical judgment. As a result, situations may arise in which deviations from these guidelines may be appropriate and physicians may exercise reasonable discretion in their decision-making based on the guidance provided.

In accordance with the Canadian Anesthesiologist's Society *Guidelines to the Practice of Anesthesia* (revised 2016), an American Society of Anesthesiologists' physical status classification (ASA) should be recorded for each patient.

The ASA physical status classification system, which is based upon the patient's physical health status, is used by physicians (anesthesiologists, surgeons) to predict anesthetic and surgical risk prior to a procedure.

Practice guidelines

ASA physical status classification is documented for each patient.

The decision to perform surgery on a patient should take into account the health risks and comorbidities associated with the planned surgery and the impact those conditions will have on the patient outcome.

1. ASA 1 and 2

Suitable for surgery in a non-hospital facility.

2. ASA 3

May be considered for surgery in a non-hospital facility under certain circumstances

If considering surgery and anesthesia for patients with an ASA 3 outside a hospital facility, the surgeon, anesthesiologist and medical director must ensure the following:

- a. The patient presents with only one severe comorbidity (i.e. poorly controlled diabetes or hypertension, morbid obesity);

- b. The comorbid condition is unlikely to add significant risk to the procedure or anesthetic;
- c. The proposed surgery and anesthesia are unlikely to aggravate or precipitate significant changes in this condition;
- d. The proposed anesthesia should be limited to topical, local or peripheral nerve block anesthesia, or with single agent oral sedation if needed; however,
- e. Under certain circumstances, at the discretion of the preoperative and intra-operative anesthesiologists, the delivery of a higher level of anesthesia (i.e. IV sedation/analgesia, regional block or general anesthetic) may be acceptable; the plan must be consistent to that set out in the preoperative anesthetic consult.

If considering a higher level of anesthesia (i.e. IV sedation/analgesia, regional block or general anesthetic) for patients with an ASA 3 outside a hospital facility, the following conditions must be met:

- a. A documented preoperative anesthetic consultation must be completed before admission for the surgical procedure, not more than 28 days before surgery and at minimum, one day prior to surgery. The consult must include the possible impact of the surgery, plan for anesthesia and the post-operative course.
- b. The anesthesiologist must be dedicated to the patient at all times throughout the conduct of all IV sedation/analgesia, regional block or general anesthetic until the patient is transferred to the post-anesthesia recovery.

ASA physical status classification system

ASA classification	Definition	Examples, including but not limited to:
ASA 1	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA 2	A patient with mild systemic disease without substantive functional limitations	Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well- controlled diabetes mellitus or hypertension, mild lung disease

ASA classification	Definition	Examples, including but not limited to:
ASA 3	A patient with one or more severe systemic disease(s) with substantive functional limitations	Poorly controlled diabetes mellitus or hypertension, morbid obesity (BMI \geq 40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, end stage renal disease undergoing regularly scheduled dialysis, history (> 3 months) of MI, CVA, TIA or CAD/stents

References

American Society of Anesthesiologists Clinical Information [Internet]. Schaumburg, IL: American Society of Anesthesiologists; 2017. ASA physical status classification system; [approved 2014 Oct 15; cited 2017 Feb 6]; 1 screen. Available from: <https://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>

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