

ASA Physical Status Classification System

Committee of Oversight: Economics

(Approved by the ASA House of Delegates on October 15, 2014, and last amended on October 23, 2019)

The ASA Physical Status Classification System has been in use for over 60 years. The purpose of the system is to assess and communicate a patient's pre-anesthesia medical co-morbidities. The classification system alone does not predict the perioperative risks, but used with other factors (eg, type of surgery, frailty, level of deconditioning), it can be helpful in predicting perioperative risks.

The definitions and examples shown in the table below are guidelines for the clinician. To improve communication and assessments at a specific institution, anesthesiology departments may choose to develop institutional-specific examples to supplement the ASA-approved examples.

The examples in the table below address adult patients and are not necessarily applicable to pediatric or obstetric patients.

Assigning a Physical Status classification level is a clinical decision based on multiple factors. While the Physical Status classification may initially be determined at various times during the preoperative assessment of the patient, the final assignment of Physical Status classification is made on the day of anesthesia care by the anesthesiologist after evaluating the patient.

Current Definitions and ASA-Approved Examples

ASA PS Classification	Definition	Adult 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	
*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)		

References

For more information on the ASA Physical Status Classification system and the use of examples, the following publications are helpful. Additionally, in the reference section of each of the articles, one can find additional publications on this topic.

1. Abouleish AE, Leib ML, Cohen NH. ASA provides examples to each ASA physical status class. *ASA Monitor* 2015; 79:38-9
<http://monitor.pubs.asahq.org/article.aspx?articleid=2434536>
2. Hurwitz EE, Simon M, Vinta SR, et al. Adding examples to the ASA-Physical Status classification improves correct assignments to patients. *Anesthesiology* 2017; 126:614-22
3. Mayhew D, Mendonca V, Murthy BVS. A review of ASA physical status – historical perspectives and modern developments. *Anaesthesia* 2019; 74:373-9