

# ASA CLASSIFICATION

ASA physical status	I	II	III	IV	V	VI
<b>Definition</b>	Healthy	Mild systemic disease	severe systemic disease ; substantive functional limitations	severe systemic disease that is a constant threat to life	Moribund patient who is not expected to survive without operation	declared brain-dead whose organs are being removed for donor purposes
<b>Age</b>	> 3 months to <65 years	≤ 3 months or ≥ 65 to 84 years	Premature infant PCA <60weeks or ≥ 85 years			
<b>Functional class</b>	Complete without distress; FC I	Rest at completion because of distress; FC II	Stop en route because of distress; FC III	Unable to do; FC IV		
<b>Medical status</b>	Non organic, physiologic or psychiatric disturbance	Single/multiple systemic diseases with good control  No functional limitations or vital organ involvement	One or more moderate to severe diseases  Functional limitations	Constant potential threat to life	End stage diseases and not expected to survive within 24 hours	Clinically dead whose organs are being removed for donor purposes
<b>Mortality rate (%)</b>	0.06 - 0.08	0.27 - 0.4	1.8 - 4.3	7.8 - 23	9.4 - 51	
<b>Emergency status</b>	Additional "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)					

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<b>CVS</b>		HT with BP ≤ 140/90 mmHg	HT ≥ 180/110 mmHg, history (>3months) of MI, CAD/stents, implanted pacemaker, EF moderate reduction	Recent (<3months) MI, CAD/stents, ongoing ischemia or severe valve dysfunction, severe reduction of EF, uncontrolled arrhythmia with hemodynamic instability, CHF	Ruptured abdominal/thoracic aneurysm, S/P CPR	
<b>Respiratory</b>	Non smoking	Current smoker, mild lung disease, well controlled asthma, OSA	Poorly controlled COPD, asthmatic attack > 2/week, severe OSA	Asthma with acute exacerbation, OSA with pulmonary HT, ARDS		
<b>CNS</b>		well controlled epilepsy, Parkinsonism, dementia, Alzheimer's disease	history (>3months) of CVA, TIA, poor-control neurological disease	Recent (<3months) CVA, TIA	Intracranial bleed with mass effect	
<b>Endocrine</b>		Well controlled DM, hypo/hyper thyroidism with clinical euthyroid; Overweight and obesity type I-II (BMI 30-39.99)	Poorly controlled DM, symptomatic hypo/hyper thyroid, BMI≥40	DKA, HHNK, thyroid crisis, BMI≥45		

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<b>Hematology</b>		anemia (Hct<30%), thalassemia minor eg. trait, Hb E, Hb CS,Hb H	symptomatic anemia (Hct<25%), thalassemia major, plt <50,000, INR ≥1.5	plt <50,000, INR ≥1.5 with bleeding		
<b>Renal</b>		Renal impairment stage 1-2, electrolyte imbalance without symptom	CKD stage 3-4, ESRD undergoing regular scheduled dialysis, symptomatic electrolyte imbalance	ARD or ESRD not undergoing regular scheduled dialysis or volume overload, uremia, hepatorenal syndrome		
<b>GI</b>	minimal alcohol use	social drinker, cirrhosis child A	Alcohol dependence or abused, cirrhosis child B	active hepatitis, cirrhosis child C	Ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction , hepatic encephalopathy	
<b>OB</b>		Normal pregnancy	pre existing disease in pregnancy, GDM	Eclampsia, severe pre eclampsia, Gestational DM (poor-control)	HELLP syndrome	
<b>Metabolic</b>	normal/overweight	Obesity I	Obesity II, III	Morbid obesity		
<b>Others</b>		SIRS, malnutrition (BMI< 16.5 ), hypoalbuminemia (<2.5)	septicemia	Sepsis, DIC, shock, blunt trauma (hemodynamic stable) without inotropic drugs	Massive trauma, blunt trauma, hemodynamic instability with inotropic drug	