ASA Classification

Do we speak the same language?

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BACKGROUND:

ASA PS grade has been there since 1941. It has been modified few times since then. It is included in each anaesthetic chart and communicated in each team brief between all clinical theatre staff. Surgeons also include it on their operative notes. However, we have noticed that ASA grading is quite subjective. There is also little awareness of its last 2014 update. This audit has been carried out in July 2016 in Queens hospital, Burton on Trent, UK.

Table 1. ASA Physical Status Classifications and Examples

ASA PS Classification	Definition	Examples
ASA I	A normal healthy patient	Healthy, nonsmoking, 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 wk, history (>3 mo) 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 mo) 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	

ARD, acid reflux disease; ASA, American Society of Anesthesiologists; BMI, body mass index; CAD, coronary artery disease; COPD, chronic obstructive pulmonary disease; CVA, cerebral vascular accident; DIC, disseminated intravascular coagulation; DM, diabetes mellitus; ESRD, end-stage renal disease; HTN, hypertension; MI, myocardial infarction; PCA, postconceptual age; PS, physical status; TIA, transient ischemic attack

OBJECTIVE:

We wanted to assess the understanding of ASA PS grade among anaesthetists, surgeons, ODP (operating department practitioner), ODS (operating department supporter) Scrub nurses and recovery staff.

METHODS:

A questionnaire (table 2) has been distributed to anaesthetists, surgeons, ODPs, ODSs, scrub nurses and recovery staff. The questionnaire included six sample patients relevant to our practice at Queens hospital in Burton.

RESULTS:

71 questionnaires were returned between 1st and 13th July 2016. 2 were excluded due to missing rule and grade. 24 anaesthetists (including 12 consultants), 15 Surgeons (8 of which are consultants), 4 junior doctors (FY), 11 ODPs, 3 ODSs, 8 Scrub nurses and 4 recovery nurses.

34% of the answers were correct, 1.5% over estimated the ASA PS grade, while the remaining majority of 64.5% underestimated the sample ASA PS grade. There was no specific pattern between anaesthetists, surgeons or nurses, neither there was a specific pattern between consultants and trainees.

Table 2: Questionnaire

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ASA classification Audit

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Role: Grade:

Please describe the ASA status of the following cases

A) 50 years male who works as a fitness instructor undergoing hemicolectomy for bowel cancer.	
A) 28 years old male fit and healthy drinks 10 units of alcohol per week for an elective hernia repair.	
A) 23 years old pregnant lady who is fit and well undergoing an elective caesarean section for cephalo-pelvic disproportion.	
A) 45 male BMI 35, 10 weeks post Myocardial infarction presenting with abdominal pain to undergo laparoscopic appendectomy.	
A) 64 years old female switched off the ventilator in ITU and taken to theatre for organ retrieval.	
A) 36 years old lady with well controlled asthma, BMI 41 undergoing an open reduction and internal fixation for repair of a fracture radius with vascular compromise.

CONCLUSIONS:

Around two thirds of answers were not expressed as that in Table 1. This can jeopardize the ability of prelist meetings (group hugs) to identify high risk patients. Underplaying the ASA PS classification, especially when coding may have significant financial implications on the trust.

Recommendations:

Formal training for all theatre and recovery staff about ASA PS Recognizing the limitations of the ASA PS grading system. Considering the ASA PS as just one component in the overall procedure risk assessment.