Abstract 20

The ASA Physical Status Score for the Nonanesthesiologist

Adriana Oprea, MD; and David Silverman, MD
Yale University, New Haven, CT

Background: In many hospitals nonanesthesia healthcare providers are permitted to provide intravenous sedation for patients who are American Society of Anesthesiologists (ASA) physical status (PS) class I or II; an anesthesia provider is needed for patients classified as ASA PS III or higher.

SAGES (Society of American Gastrointestinal and Endoscopic Surgeons) guidelines state that "all patients scheduled for endoscopic procedures should be assigned an anesthesia risk score, using the ASA score." ASA IV patients should not undergo endoscopy in the office setting. ASA III patients may be acceptable candidates if deemed so by a qualified physician.

Since the introduction of the ASA PS score in 1941, studies have highlighted disagreements and inconsistency of ratings, even among qualified specialists.

Purpose: To design a skeleton template for nonanesthesiology providers for deriving the ASA PS score.

Description: We propose an assessment of patients' underlying conditions by scoring each system as follows:

Cardiac III: uncontrolled HTN, stable CAD or asymptomatic after revascularization, compensated CHF/valvular disease, supraventricular tachycardias, pacemaker; ***Cardiac IV:*** symptomatic CAD, decompensated CHF/valvular disease, malignant arrhythmias, AICD, s/p MI within 6 months

Pulmonary III: moderate asthma/COPD, OSA, pulmonary fibrosis/sarcoid/tumor or metastasis not requiring home O_2; ***Pulmonary IV:*** severe active asthma/COPD, home O_2 requirement

Gastrointestinal III: compensated liver cirrhosis /failure/chronic hepatitis; ***Gastrointestinal IV:*** decompensated liver cirrhosis/failure

Renal III: compensated CKD/nonuremic ARF; ***Renal IV:*** CKD requiring dialysis/uremic ARF

Hematology/oncology III: severe anemia/thrombocytopenia, compensated hematologic malignancies, nonmetastatic solid tumor; ***Hematology/oncology IV:*** metastatic malignancies

Endocrine/metabolic III: poorly controlled DM, controlled thyroid disease; ***Endocrine/metabolic IV:*** DKA, HHNK, thyroid storm, symptomatic pheochromocytoma

Neurology III: frequent seizures, prior CVA, compensated neurologic disease; ***Neurology IV:*** status epilepticus, increased ICP, acute stroke or current TIAs, decompensated neurologic disease.

1. An ASA score of IV would be assigned if any of the systems above were assessed as ASA IV or more than 3 systems were assigned an ASA III.

2. An ASA score of IV also would be assigned if the patient were assessed as ASA III but had impaired functional capacity (less than 4 METs).
3. Otherwise, the patient would be assigned the highest ASA based on the system score.

Conclusion: This proposed model can reduce the variability of ASA scoring, even among anesthesia providers, which is one of the criticisms of the current ASA PS score. More importantly, it would be a useful tool for the nonanesthesia provider, assisting in a better assessment of patients' physical status and optimal triage, therefore promoting patient safety.