

ASA Classifications:

Class I: Few patients will truly be in this category.
The patient has no physiological, or psychiatric disturbances whatsoever, is less than 50 years old, a non-smoker, and takes no medication.
Exceptions: Birth Control Pills, Estrogen Replacement Therapy, Prophylactic Salicylates (aspirin), but without any cardiac history i.e. atrial fib or stent.

Class II: Most patients will be in this classification therefore, requiring lab work.
The patient has mild to moderate systemic disturbances caused either by the condition to be treated surgically or by other pathophysiologic processes.
These disturbances **do not limit activity**.

Examples:

- Current smoker
- Age over 65 years or less than 3 months old will automatically require a medical consult
- Asthma, well controlled on as needed basis for medication.
- Hypertension well controlled with medication and/or diet; HTN requires an EKG at any age
- History of heart dysrhythmia (heart rhythm issue) controlled on medication
- Obstructive Sleep Apnea (OSA)
- Stable Angina, well controlled, not limiting activity
- Mild Diabetes, well controlled on medication
- Mild to moderate obesity
- History of seizure disorder, controlled with medication
- History of Congestive Heart Failure, controlled on medication
- COPD, stable
- Chronic Bronchitis
- History of Hepatitis C or Cirrhosis stable, not limiting activity
- Renal Insufficiency, stable

Class III: Many patients are actually in this classification and require a medical consult.
The patient has serious systemic disturbances or diseases, even though it may be impossible to define the degree of disability. The disease process **limits activity in some way, but is not incapacitating**.

➤ Appropriate specialty consultation, where deemed necessary is also required.
i.e., patients with issues such as: pain management, insulin pumps, or pacemakers.

Examples:

- Any combination of 3 or more of the disease processes listed for a Class II patient.
- Any single disease process listed for a Class II patient with one or more of these criteria:
 - Intense severity
 - Poorly controlled on medication
 - Limits activity in some way
- “Heart attack”, a healed myocardial infarction (MI) of more than 6 months ago, or patients who have undergone coronary artery bypass surgery (CABG), valve replacement or angioplasty.
- Pacemaker, Internal Cardiac Defibrillator (ICD), sometimes CABG patients also have these.
- Diabetes with complications to vascular or other organs, i.e., retinopathy, neuropathy, etc.
- Chronic Pain Management patients taking daily pain medication must have a consultation with a Valley pain management physician prior to the day of surgery for the purpose of pain management during the immediate post-op period while in the post anesthesia care unit.

- Pulmonary insufficiency, including asthma, requiring the use of chronic medications and which limit activity or have uncontrolled symptoms, i.e., shortness of breath, cannot lay flat.
- Any implantable electronic device (IED) i.e., for pain, insulin, deafness, etc.
- Renal failure requiring Dialysis

Class IV: These patients are not candidates for surgery at the Luckow Pavilion.
The patient has severe systemic disease that is already life threatening.

Examples:

- Organic heart disease with marked signs of cardiac insufficiency (i.e, NYHA class 4).
- Recent myocardial infarction of less than 6 months duration.
- Unstable angina.
- Patients with advanced degrees of pulmonary, renal or endocrine insufficiency.

Minimum Laboratory/Test Requirements:

Minimal laboratory and testing requirements are defined by patient grouping based on the American Society of Anesthesiology (ASA) Classifications as follows:

Class I patient less than 50 years old, non-smoker, no medications, no disease:

No testing required

Class I patient between 50 and 65 years old:

HGB, BUN, CR, GLU, UA and EKG

Class I patient 65 years and over, Class II, Class III, IV and V:

CBC, CMP, UA, EKG

Class II under 50 years old shall only require an EKG if indicated by the presence of a relevant medical history referable to the heart; i.e., hypertension (HTN), etc.

Patients 65 years old or greater, Class III, IV, and V: require a medical evaluation to ensure optimization for anesthesia and surgery. A prescription is not acceptable for a medical consult.

BLOOD THINNERS: Patients should ideally be off aspirin/aspirin products and blood thinners for a week prior to surgery. If a PT/INR lab test is indicated, please evaluate when the patient is off Coumadin at least 5 days.

- Blood tests valid for 1 month
- EKG valid for 6 months
- Chest X-ray within 6 months for *unstable* chronic pulmonary disease; prescription must have medical necessity clearly documented.
- The surgeon's H&P and consent should be present in the patient's chart 48 hours prior to the day of surgery.

When available, data from CLIA approved laboratory, including the physician's office, may be substituted for the above tests provided that detailed information is conveyed, rather than comments limited to "normal, unremarkable" and the like. In addition, photocopies of EKG's should be provided to allow the anesthesiologist to make comparison of S-T segments, QRS morphology and axis shift, etc., should it become necessary.