



ANESTHESIA CONSIDERATIONS

Sometimes, anesthesia, oftentimes delivered with conscious sedation or monitored anesthesia care (MAC) is utilized during certain surgeries or procedure. Rarely, general anesthesia (GA) is required. There are certain considerations that need to be evaluated to effectively deliver safe and timely care. Please discuss the following qualifiers for your health

FITNESS QUESTIONS

Circle the one that best applies your normal fitness level

METs	Activity
3	Walking on a flat surface for one or two blocks
4	Raking leaves, weeding or pushing a power mower, walking up two flights of stairs
5	Walking four miles per hour, social dancing, washing a car
6	Nine holes of golf carrying clubs, heavy carpentry using a push mower

CARDIAC QUESTIONS

<input type="radio"/> Yes <input type="radio"/> No	Do you get chest pain or shortness of breath when you walk up two flights of stairs?
<input type="radio"/> Yes <input type="radio"/> No	Do you see a cardiologist? If so, who?
<input type="radio"/> Yes <input type="radio"/> No	Are you taking a blood thinning medication? If so, which one?
<input type="radio"/> Yes <input type="radio"/> No	Have you had a heart attack in the last 12 months? If so, when was your last cardiac appointment?
<input type="radio"/> Yes <input type="radio"/> No	Have you had any stents placed in your heart in the last 12 months?

O Yes O No	Do you have heart failure? If so, when was your last cardiac appointment?
O Yes O No	Do you have any aortic, pulmonic, mitral, or tricuspid valve disease? If so, when was your last cardiac appointment?
O Yes O No	Do you have a pacemaker or AICD? If so, when was it last interrogated?
O Yes O No	Have you been diagnosed with Chronic Obstructive Pulmonary Disease (COPD)?
O Yes O No	Do you use oxygen (O2) at home?
O Yes O No	Is your BMI > 42? Height in cm or feet Weight in kg or lbs

GLOBAL ANESTHESIA ASSESSMENT:

Circle the ASA status that best applies

ASA PS Classification	Definition	Adult Examples, Including, but not Limited to:	Pediatric Examples, Including but not Limited to:	Obstetric Examples, Including but not Limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use	Healthy (no acute or chronic disease), normal BMI percentile for age	
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease	Asymptomatic congenital cardiac disease, well controlled dysrhythmias, asthma without exacerbation, well controlled epilepsy, non-insulin dependent diabetes mellitus, abnormal BMI percentile for age, mild/moderate OSA, oncologic state in remission, autism with mild limitations	Normal pregnancy*, well controlled gestational HTN, controlled preeclampsia without severe features, diet-controlled gestational DM.
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. 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, history (>3 months) of MI, CVA, TIA, or CAD/stents.	Uncorrected stable congenital cardiac abnormality, asthma with exacerbation, poorly controlled epilepsy, insulin dependent diabetes mellitus, morbid obesity, malnutrition, severe OSA, oncologic state, renal failure, muscular dystrophy, cystic fibrosis, history of organ transplantation, brain/spinal cord malformation, symptomatic hydrocephalus, premature infant PCA <60 weeks, autism with severe limitations, metabolic disease, difficult airway, long term parenteral nutrition. Full term infants <6 weeks of age.	Preeclampsia with severe features, gestational DM with complications or high insulin requirements, a thrombophilic disease requiring anticoagulation.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis	Symptomatic congenital cardiac abnormality, congestive heart failure, active sequelae of prematurity, acute hypoxic-ischemic encephalopathy, shock, sepsis, disseminated intravascular coagulation, automatic implantable cardioverter-defibrillator, ventilator dependence, endocrinopathy, severe trauma, severe respiratory distress, advanced oncologic state.	Preeclampsia with severe features complicated by HELLP or other adverse event, peripartum cardiomyopathy with EF <40, uncorrected/decompensated heart disease, acquired or congenital.
ASA V	A moribund patient who is not expected to survive without the operation	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	Massive trauma, intracranial hemorrhage with mass effect, patient requiring ECMO, respiratory failure or arrest, malignant hypertension, decompensated congestive heart failure, hepatic encephalopathy, ischemic bowel or multiple organ/system dysfunction.	Uterine rupture.
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes			