
Appendix 1: American Society of Anesthesiologists (ASA) Score Modified for BC Women's Hospital Surgical Patients

American Society of Anesthesiologists (ASA) Score Modified for BC Women's Hospital

- ASA 1: Healthy, non-smoking, no or minimal alcohol use
May consider uncomplicated pregnancy ASA1*
- ASA 2: Mild diseases only without substantive functional limitations.
Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy with stable complications*, obesity ($30 < \text{BMI} < 40$), well-controlled diabetes, well-controlled hypertension, mild lung disease (e.g. well-controlled asthma), obstructive sleep apnea (OSA) compliant with established CPAP
- ASA 3: Substantive functional limitations; One or more moderate to severe diseases.
Examples include (but not limited to): poorly controlled diabetes or hypertension, chronic obstructive pulmonary disease, morbid obesity ($\text{BMI} \geq 40$), active hepatitis, active alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, history (>3 months) of myocardial infarction (MI), stroke, transient ischemic attack (TIA), or coronary artery disease (CAD)/stents, OSA non-compliant or not established on CPAP, pregnancy with severe or unstable complications
- ASA 4: Examples include (but not limited to): recent (< 3 months) MI, stroke, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, disseminate intravascular coagulation, end-stage renal disease whether or not undergoing regularly scheduled dialysis

* Pregnancy usually confers ASA 2 status (the ASA Physical Status Classification System states: *'Although pregnancy is not a disease, the parturient's physiologic state is significantly altered from when the woman is not pregnant, hence the assignment of ASA 2 for a woman with uncomplicated pregnancy'*).

However, due to the nature of populations served, and the surgeries performed at BC Women's Hospital, the screening anesthesiologist may, at their discretions, consider uncomplicated pregnancy (at any gestation) equivalent to ASA 1 status for the purposes of chart triage.

Appendix 2: Anesthesia Screening Tool

	Minimally invasive (e.g. plastic procedures on external genitalia, IUD insertion, hysteroscopy & biopsy, includes all procedural sedation procedures)	Moderately invasive (e.g. CARE, day-case laparoscopy)	Moderately to significantly invasive (e.g. laparoscopic vaginal hysterectomy, mini-laparotomy for myomectomy)	Special populations/considerations
ASA 1: healthy patient	No consult required	No consult required	Currently unsuitable for ambulatory surgery at BC Women's	Treat uncomplicated pregnancy as ASA1
ASA 2: mild systemic disease without significant functional limitation	No consult required	Anesthesia triage. Possible telephone or clinic consult.	Currently unsuitable for ambulatory surgery at BC Women's	Phone call required for all OSA patients
ASA 3: severe systemic disease with significant functional limitations	Anesthesia consult	Anesthesia consult	Unsuitable for ambulatory surgery at BC Women's	Renal failure on dialysis unsuitable for BC Women's. Pacemaker requires clinic appointment
ASA 4: severe systemic disease which is a constant threat to life	Unsuitable for ambulatory surgery at BC Women's	Unsuitable for ambulatory surgery at BC Women's	Unsuitable for ambulatory surgery at BC Women's	
Alternative indications for anesthesia consult:	<i>Patient or surgeon requests consult</i>	<i>Previous anesthetic difficulties</i>	<i>Anticoagulation management</i>	
	<i>Refusal of blood products</i>	<i>Known difficult airway</i>	<i>MH / sux apnea / anesthetic allergies</i>	

Appendix 2b: Anesthesia Screening Tool with Overnight Recovery

	Minimally invasive (e.g. plastic procedures on external genitalia, IUD insertion, hysteroscopy & biopsy, includes all procedural sedation procedures)	Moderately invasive (e.g. CARE, day-case laparoscopy)	Moderately to significantly invasive (e.g. laparoscopic vaginal hysterectomy, mini-laparotomy for myomectomy)	Special populations/considerations
ASA 1: healthy patient	No consult required	No consult required	No consult required	Treat uncomplicated pregnancy as ASA1
ASA 2: mild systemic disease without significant functional limitation	No consult required	AA* +/- anesthesia consult	Anesthesia consult	Phone call (minimum) required for all patients with OSA to establish compliance with therapy
ASA 3: severe systemic disease with significant functional limitations	AA* +/- anesthesia consult	Anesthesia consult	Unsuitable for ambulatory surgery at BC Women's	Renal failure on dialysis unsuitable for BC Women's. Patients with pacemaker require clinic appointment
ASA 4: severe systemic disease which is a constant threat to life	Unsuitable for ambulatory surgery at BC Women's	Unsuitable for ambulatory surgery at BC Women's	Unsuitable for ambulatory surgery at BC Women's	
Alternative indications for anesthesia consult:	<i>Patient or surgeon requests consult</i>	<i>Previous anesthetic difficulties</i>	<i>Anticoagulation management</i>	
	<i>Refusal of blood products</i>	<i>Known difficult airway</i>	<i>MH / sux apnea / anesthetic allergies</i>	

Appendix 3: Investigation Selection Tool

	CBC	G&S	Creat	Lytes	HbA1c	LFT	Coags	ECG	Echo	BNP / NT-pro BNP
<i>Potential for significant surgical blood loss (see MSBOS)</i>	+	+								
<i>History of anemia and recent Hb unknown, cancer diagnosis</i>	+									
<i>Active bleeding disorder / anticoagulant therapy</i>	+/-						+/-			
<i>History of hepatic dysfunction / significant alcohol intake</i>	+/-					+/-	+/-			
<i>Patients on diuretics / ACEi / ARB</i>			+/-	+/-						
<i>Hypertension, congestive heart failure, chronic renal failure, complicated diabetes, liver disease, pituitary/adrenal disease, malnutrition</i>			+/-	+/-						
<i>Advanced age</i>	+/-		+/-					+/-		
<i>History of diabetes</i>			+/-		+/-					
<i>Patients with symptomatic cardiac disease and no recent ECG (last 12 mo)</i>								+/-		
<i>Clinical assessment suggests undiagnosed severe obstructive intra-cardiac abnormality, cardiomyopathy, or severe pulmonary hypertension</i>								+/-	+/-	
<i>May be considered if: age ≥65; age 45-65 with significant cardiac disease, Revised Cardiac Risk Index ≥1</i>										+/-
	+	Order routinely if not already on file								
	+/-	Consider based on patient characteristics, surgical complexity, and most recent investigations on file								
		Do not routinely order								
	MSBOS: maximum surgical blood ordering schedule									