

## Quantifying the Risk of Complications, Morbidity, and Mortality

Level of Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	Laboratory tests requiring venipuncture Chest X-rays Urinalysis Ultrasound (e.g., echocardiography) KOH prep	Rest Gargles Elastic bandages Superficial dressings
Low	Two or more self-limited or minor problems  One stable chronic illness (e.g., well-controlled hypertension or non-insulin-dependent diabetes, cataract, BPH)  Acute uncomplicated illness or injury (e.g., cystitis, allergic rhinitis, simple sprain)	Physiologic tests not under stress (e.g., pulmonary function tests)  Non-cardiovascular imaging studies with contrast (e.g., barium enema)  Superficial needle biopsies  Clinical laboratory tests requiring arterial puncture  Skin biopsies	Over-the-counter drugs  Minor surgery with no identified risk factors  Physical therapy  Occupational therapy  IV fluids without additives
Moderate	One or more chronic illnesses with mild exacerbation, progression or side effects of treatment  Two or more stable chronic illnesses  Undiagnosed new problem with uncertain prognosis (e.g., lump in breast)  Acute illness with systemic symptoms (e.g., pyelonephritis, pneumonitis, colitis)  Acute complicated injury (e.g., head injury with brief loss of consciousness)	Physiologic tests under stress (e.g., cardiac stress test, fetal contraction stress test)  Diagnostic endoscopies with no identified risk factors  Deep needle or incisional biopsy  Cardiovascular imaging studies with contrast and no identified risk factors (e.g., arteriogram, cardiac catheterization)  Obtain fluid from body cavity (e.g., lumbar puncture, thoracentesis, culdocentesis)	Minor surgery with identified risk factors  Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors  Prescription drug management Therapeutic nuclear medicine  IV fluids with additives  Closed treatment of fracture or dislocation without manipulation
High	One or more chronic illnesses with severe exacerbation, progression or side effects of treatment  Acute or chronic illnesses or injuries that may pose a threat to life or bodily function (e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure)  An abrupt change in neurologic status (e.g., seizure, TIA, weakness, sensory loss)	Cardiovascular imaging studies with contrast with identified risk factors  Cardiac electrophysiologic tests  Diagnostic endoscopies with identified risk factors  Discography	Elective major surgery (open, percutaneous or endoscopic) with identified risk factors  Emergency major surgery (open, percutaneous or endoscopic)  Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity  Decision not to resuscitate or to deescalate care because of poor prognosis