1. Introduction and who the Guideline applies to

This document sets out guidelines for the management of Pre-operative (pre-op) Fasting of Adults and Children. It is based on the Guidelines from the European Society of Anaesthesiology (2011) and the Consensus Statement from the Association of Paediatric Anaesthetists of Great Britain and Ireland (2018).

Over recent years there has been an increasing realisation that to fast people excessively is not only unnecessary but harmful and a cause of complaints.

In adults, encourage drinking water until **2 hours** before elective surgery.

In children, encourage drinking clear fluids until **1 hour** before elective surgery.

For the purpose of this guideline, children are patients aged 0-16.

For the purpose of this guideline, **clear fluids** are defined as: water, clear and pulp-free fruit juice or squash/cordial i.e. see through fluids.

**SCOPE**

- These Guidelines apply to all patients having operations or procedures under general anaesthesia, sedation, neuro-axial anaesthesia (spinal/epidural), regional anaesthesia (peripheral nerve block) and some local anaesthesia. Guidance may vary within some surgical teams for patients having local anaesthesia.

- These guidelines are to be used by all Healthcare Professionals whose work brings them into contact with all patients undergoing operations or procedures as listed above.

**ROLES AND RESPONSIBILITY**

**Medical Director and Chief Nurse are responsible for:**

a) Ensuring that appropriate mechanisms are in place across the Trust to make sure that pre-operative fasting guidelines are followed.

b) Ensuring the policy and guideline development is based on national guidance, approved by the ITAPS Quality and Safety Group and disseminated across the Trust via CMG management teams.

**CMG Teams are responsible for:**

a) Ensuring all staff within their CMG follow the guidance.

b) Ensuring patients are informed appropriately of fasting guidance before surgery and procedures.

c) Ensuring dissemination of and compliance with this policy.
2. Guideline Standards and Procedures

**Elective surgical patients:**
Preoperative fasting for elective cases should be as follows:
- **Adults:** 6 hours for solid food, 2 hours for water.
- **Children:** 6 hours for solid food and formula milk, 4 hours for breast milk, 1 hour for clear fluids.

**Emergency patients:**
- a) Follow the guidance for elective surgical patients but recognise that the time of operation may be less predictable.
- b) Where clinically appropriate continue with frequent drinks of water.
- c) To avoid excessive fasting, patients may require intravenous fluids to maintain good hydration. Consider intravenous fluids if patients are to be fasted longer than 6 hours (sooner in hot environments).

**Enhanced recovery in adults:**
To promote shorter hospital stays, better recovery and an improved patient experience the following should be implemented in all clinical areas by medical and nursing staff.
- a) Allocate each patient an approximate time for surgery and give them and encourage regular drinks of water until 2 hours before surgery (e.g. a glass of water every hour).
- b) Surgical teams should consider giving patients preoperative carbohydrate drinks up to 2 hours before surgery. They have been found to be an effective way to attenuate insulin resistance, minimise protein losses, reduce hospital stays and improve patient comfort without adversely affecting gastric emptying. Often these are given the night before and the morning of surgery. (e.g. Nutricia Preop 200ml – see manufactures recommendation).

**Patients with Diabetes:**

**Patients undergoing procedures under local anaesthesia without sedation:**
In patients undergoing minor procedures under local anaesthesia only with no sedation (including patients undergoing cataract surgery under sub-tenon or local anaesthesia), normal eating and drinking should be encouraged unless alternate clinical advice is given. Please note this does not include regional or neuroaxial blocks e.g. spinal/epidurals or brachial plexus blocks.

**INFORMATION FOR PATIENTS DUE TO HAVE ELECTIVE SURGERY:**
Patients should be informed of the following fasting guidance:

d) Ensuring regular audit of compliance with this policy is carried out with timely feedback to staff.
e) Ensuring that any remedial action resulting from compliance audit is acted upon.

All Nurses, Surgeons, ODPs and Anaesthetists should be familiar with this guidance.
a) **For Adult Morning or All-day Lists**
- You should not take any food or drink (except water) after 2am.
- From 2am to 6am you may only drink water. Please drink a glass of water at 6am.
- After 6am avoid chewing gum.
- After 6am normal medication can be taken with a sip of water unless alternative clinical advice is given.
- After admission when the order of patients on the operating list is finalised it may be possible to have further drinks of water. Please ask your nurse.
- If you have been given a definite time for your operation, we encourage normal intake of water up to 2 hours before surgery. Please ask your nurse if this is possible.

b) **For Children’s Morning or All-day Lists**
- Your child should not take any food or drinks (except clear fluids) after 2am.
- From 2am to 7am they may only drink clear fluids. Please encourage your child to drink a glass of water at 7am.
- If you are breast-feeding your child, their last feed should be at 4am. However, they can still have clear fluids up until 7am. Please give your child a drink of water at 7am.
- After 6am no chewing gum.
- After 7am no drink.
- After 7am normal medication can be taken with a sip of water unless alternative clinical advice is given.
- After admission and when the order of patients on the operating list is finalised, it may be possible for your child to have further drinks of clear fluids. We encourage normal intake of clear fluids up until 1 hour before the operation. Please ask your nurse if this is possible.

c) **For Adult Afternoon Lists**
- You should not take any food or drinks (except water) after 7am. You may have a light breakfast before 7am.
- From 7am to 11am we encourage that you drink water as usual to keep yourself hydrated. Please drink regularly until 11am.
- After 11am no drink and avoid chewing gum.
- After 11am normal medication can be taken with a sip of water unless alternative clinical advice is given.
- After admission and when the order of patients on the operating list is finalised, it may be possible to have further drinks of water. Please ask your nurse if this is possible.

d) **For Children’s Afternoon Lists**
- Your child should not take any food or drinks (except clear fluids) after 7am. Your child may have a light breakfast before 7am.
- From 7am to 12noon they may only drink clear fluids. Please encourage a glass of water regularly until 11am.
- If you are breast-feeding your child, their last feed should be at 9.30am.
- After 11am no chewing gum.
- After 12noon no drink.
- After 12noon normal medication can be taken with a sip of water unless alternative clinical advice is given.
• After admission and when the order of patients on the operating list is finalised, it may be possible for your child to have further drinks of water.
• If you have been given a definite time for your child’s operation, we encourage normal intake of water up to 1 hour before surgery. Please ask your nurse if this is possible.

INFORMATION FOR STAFF:

a) Patients should be discouraged from chewing gum or sucking a boiled sweet immediately prior to surgery. However, in adults, surgery should not be cancelled solely on the basis of chewing gum or sucking a boiled sweet during the prescribed starvation period. In patients who have or are chewing gum or sucking a boiled sweet during the starvation period, please inform the Anaesthetist who will advise on a patient by patient basis.

b) Please liaise with your patients’ anaesthetist by 08:30 on the morning of surgery to discuss:
1. Final order of the list
2. Appropriateness of further oral fluid intake
3. Time patients can drink up till once operating list order is finalised

c) In adults, clear fluids e.g pulp-free juice/squash or tea/coffee with small amount of milk may be considered as alternatives to water in the pre-operative fasting period. It would be unusual for a patient to be cancelled solely on the instance of consumption of these fluids up to 2 hours before surgery.

d) Any deviations from the guidelines above must be discussed with the patient’s Anaesthetist.

3. Education and Training

There are no specific education and training requirements for the implementation of this guideline. Staff who identify a training need must discuss this with their line manager.

4. Monitoring Compliance

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<tr>
<th>What will be measured to monitor compliance</th>
<th>How will compliance be monitored</th>
<th>Monitoring Lead</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
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<td>That fasting for elective cases should be as follows:</td>
<td>Datix incidents and audit</td>
<td>ITAPS Q&amp;S lead</td>
<td>Bi-annually</td>
<td>ITAPS Audit meeting</td>
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<td>Adults: 6 hours for solid food and drink (except water) 2 hours for water</td>
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5. Supporting References


6. Key Words

Fasting, pre-op, NBM, Nil by mouth, starvation

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<th>CONTACT AND REVIEW DETAILS</th>
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<tr>
<td>Guideline Lead (Name and Title)</td>
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<tr>
<td>Dr Fiona Olejnik Consultant Anaesthetist</td>
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Details of Changes made during review:
1. For children, clear fluids may be ingested up to 1 hour before surgery.
2. Clear fluids are defined as water, pulp-free juice or squash/cordial i.e. see-through drinks.
3. Sub-tenon anaesthesia is considered as local anaesthesia for the purposes of fasting.