1. INTRODUCTION

This document sets out guidelines for the management of Pre-operative (pre-op) Fasting of Adults and Children and is based on the Guidelines from the European Society of Anaesthesiology (2011)

Over recent years there has been an increasing realisation that to fast people excessively before operation is not only unnecessary but harmful and a cause of complaints. Enhanced recovery principles encourage drinking water until 2 hours before elective surgery.

2. SCOPE

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

2.2 These guidelines apply to all Healthcare Professionals whose work brings them into contact with all patients undergoing operations or procedures as listed in 2.1

3. ROLES AND RESPONSIBILITY

3.1 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.

3.2 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

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

3.3 All nurses, surgeons, ODP’s, anesthetists’ should be familiar with this guidance.

4. GUIDELINE RECOMMENDATIONS AND STANDARDS

4.1 Elective surgical patients:

a) Our Local policy is that preoperative fasting for elective cases should be as follows: 6 hours for solid food and drink (except water)

4 hours for breast milk

2 hours for water

We are aware this is a slight deviation from the European society guidelines which encourages clear fluids including water, tea without milk and coffee without milk up to 2 hours prior to surgery.
4.2 Emergency patients:

a) Follow the guidance for elective patients in Section 4.1 but recognize 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).

4.3 Enhanced recovery:

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).

4.4 Patients with Diabetes:


4.5 Patients undergoing procedures under local anaesthesia without sedation:

In patients undergoing minor procedures under local anaesthesia only (i.e. no sedation) patients should be encouraged to eat and drink normally unless alternate clinical advice is given. Please note this does not include neuroaxial blocks e.g. spinal/epidurals

5. INFORMATION FOR PATIENTS DUE TO HAVE ELECTIVE SURGERY:

Patients should be informed of the following, ideally via a patient information leaflet or transcribed on their admissions letter. Waiting list administrators should lead this process.

a) For Adult Morning or All-day Lists

- You should not take any food or drinks (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 finalized 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 water) after 2am.
- From 2am to 6am they may only drink water. Please encourage your child to drink a glass of water at 6am.
- If you are breast-feeding your child, their last feed should be at 4.00am. However, please give your child a drink of water at 6am.
- After 6am no drink or 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 for your child to have further drinks of water. We encourage normal intake of water up till 2 hours 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 a glass of water 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 when the order of patients on the operating list is finalized it may be possible to have further drinks of water.
- 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.

d) For Children’s Afternoon Lists

- Your child should not take any food or drinks (except water) after 7am. Your child may have a light breakfast before 7am.
- From 7am to 11am they may only drink water. 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 drink or chewing gum. After 11am 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 finalized 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 2 hours before surgery. Please ask your nurse if this is possible.
6. INFORMATION FOR STAFF:

   a) Although chewing gum immediately prior to surgery should be discouraged, in adults, surgery should not be cancelled solely on the basis of chewing gum during the prescribed starvation period. In patients who have or are chewing gum 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 list
      2. Appropriateness of further oral fluid intake
      3. Time patients can drink up till once operating list order is finalised

   c) Any deviations from the guidelines above must be discussed with the patients anaesthetist

7. 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.

8. Monitoring and Audit Criteria

<table>
<thead>
<tr>
<th>Element to be Monitored</th>
<th>Lead</th>
<th>Method</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>That fasting for elective cases should be as follows:</td>
<td>ITAPS Q&amp;S Lead</td>
<td>Datix incidents and audits</td>
<td>Bi-annually</td>
<td>ITAPS Q&amp;S Board</td>
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<tr>
<td>6 hours for solid food and drink (except water)</td>
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<td>4 hours for breast milk</td>
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<td>2 hours for water</td>
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9. Legal Liability Guideline Statement

   Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgment of the responsible healthcare professional’ it is fully appropriate and justifiable - such decision to be fully recorded in the patient’s notes

10. Supporting Documents and Key References


11. Key Words

   Fasting, pre-op, NBM, Nil by mouth, starvation
5. Do not cancel patients solely on the basis of chewing gum after prescribed starvation time.

If you have been given a definite time for your operation, we encourage normal intake of water up to 2 hours before surgery.

6. Information for staff section