

Paediatric Intensive Care Unit

Pre-Anaesthesia fasting recommendations.

Staff relevant to:	Medical & Nursing staff caring for patients pre-elective surgery on PICU.
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1. Introduction and Who Guideline applies to

Pre- Anaesthesia fasting recommendations apply to patients having elective surgery and are intended for procedures performed under General Anaesthesia, Regional Anaesthesia, and Monitored Anaesthesia care. Aspiration may occur during all types of Anaesthesia in non-fasted patients, because anesthetic and sedative medications reduce or eliminate airway protective reflexes that normally prevent regurgitated gastric contents from entering the lungs.

Related documents:

- [Pre Operative Fasting for Adults and Children UHL Guideline](#)
- [Diabetes Management During Surgery or Fasting UHL Childrens Hospital Guideline](#)

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2. Guideline Standards and Procedures

NIL BY MOUTH GUIDELINES-PAEDAITRIC ANAESTHESIA

AGE GROUP	FASTING HOURS FOR SEDATION / GENERAL ANAESTHESIA
NEW BORN TO 6 MONTHS	GLUCOSE WATER- 1 HR BEFORE THE TIME SCEHDULED FOR THE PROCEDURE BREAST MILK- 4HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE INFANT FORMULA- 6HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE
6 MONTHS TO 36 MONTHS (3YRS)	CLEAR FLUIDS- 1 HR BEFORE THE TIME SCHEDULED FOR THE PROCEDURE BREAST MILK- 4HRS BEFORE THE SCHEDULED TIME FOR THE PROCEDURE INFANT FORMULA- 6HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE NON HUMAN MILK/ LIGHT MEAL- 6HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE
36 MONTHS(3YRS) AND OLDER	CLEAR FLUIDS- 1 HR BEFORE THE TIME SCHEDULED FOR THE PROCEDURE BREAST MILK- 4HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE INFANT FORMULA- 6HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE NON HUMAN MILK/LIGHT MEAL- 6HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE HEAVY MEAL- 8HRS BEFORE THE TIME SCHEDULED FOR THE PROCEDURE

PLEASE NOTE

- 1) **CLEAR FLUID** - Fruit juice Without Pulp (clear apple juice), Water, Glucose water, non-fizzy drinks, ready diluted drinks up to 3ml/kg.

- 2) LIGHT MEAL- Toast with butter/jam, Cereal, Cracker, Fruit juice with pulp, Coffee and tea with milk
- 3) HEAVY MEAL- Fatty or fried meal, Cheese and meat, flour based bread, vegetables, egg
- 4) Certain Medical Conditions Delay the gastric emptying time and increase the risk of Pulmonary aspiration like diabetes, hiatal hernia, GI Motility Disorder, Reflux disease, Renal Disease, Operated pyloric stenosis - specific instructions will be given by the anaesthesiologist
- 5) Potential Difficult airway- CONSULT WITH ANAESTHESIA PROVIDER.
- 5) For Emergency Surgery Discuss NBM status with the Anaesthesia provider.
- 6) Children with diabetes, who are kept fasting before surgery will be managed based on the hospital policy and specific diabetes guidelines in place.
- 7) Always start a Dextrose infusion for all neonates kept Nil by mouth and monitor blood sugar levels regularly at least 2hrly to avoid inadvertent hypoglycemia

SPECIAL REQUIREMENTS FOR CYANOTIC CHILDREN

- 1) It is very important to maintain hydration in children with cyanotic heart disease. Therefore they should be started with maintenance IV fluid during fasting hours at night.**
- 2) During daytime fasting all children can keep drinking clear fluid until 1 hour before the surgery (Unless instructed otherwise in special circumstances)**

BENEFITS OF AVOIDING PROLONGED FASTING IN CHILDREN

- 1) Reduces irritability/distress/fatigue in children makes them more compliant and well behaved**
- 2) Reduces incidence of post-operative nausea and vomiting**
- 3) Less hunger, thirst, anxiety and hence less discomfort to the child and the parents**
- 4) It does not increase the risk of aspiration(Guidelines from GB and European pediatric societies)**
- 5) Avoids biochemical and metabolic disorders in children**
- 6) Mitigates the stress response of surgery and Anaesthesia**
- 7) Improves patients cooperation, general wellbeing and compliance**

3. Education and Training

None

4. Monitoring Compliance

None identified at present

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements

5. Supporting References

None

6. Key Words

Aspiration, Fasting, Nil by mouth, Pre-surgery

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) S Paddalwar - Consultant	Executive Lead Chief Medical Officer
Details of Changes made during review: New document	

Appendix 1: Fasting guidelines poster

