



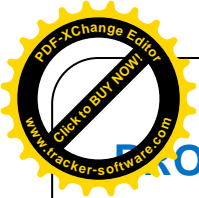
Clinical Guideline

PREOPERATIVE FASTING OF ADULT PATIENTS UNDERGOING ELECTIVE or SCHEDULED SURGERY/PROCEDURES UNDER GENERAL ANAESTHETIC OR REGIONAL ANAESTHESIA

SETTING	Trust-wide preoperative areas
FOR STAFF	Preoperative assessment staff, clinical staff performing preoperative assessment for elective/scheduled procedures
PATIENTS	Adult patients undergoing elective/scheduled surgery or procedures under general or regional anaesthesia. Scheduled surgery is defined as patients coming in from home on the day of surgery. This does not include inpatients awaiting surgery.

GUIDANCE

- For safety reasons, to reduce the potential risk of aspiration, patients should not eat or drink prior to anaesthesia.
- Preoperative fasting in adults undergoing elective surgery follows the ‘2-6 rule’:
 - ‘2’ - Intake of water or clear fluids should be ENCOURAGED up to two hours before anaesthesia.
 - ‘6’ – No food or non-clear fluids (includes milk and pulpy fruit juice) in the six hours before surgery
- ‘Preop’ carbohydrate drinks are classed as clear fluids and can be given up to two hours before surgery.
Omit the pre-operative high carbohydrate drink in people with insulin treated diabetes and those with pre-operative HbA1C of greater than 69mmol/mol (8.5%)
- Chewing gum can be used up to the time of surgery, and patients should not be cancelled because of this. The greatest danger is of a foreign body potentially blocking the airway.
- We recommend that patients should only drink BLACK tea or coffee (i.e.no added milk) up to two hours prior to their surgery/procedure. If however, the patient comes to hospital and it is found they have drunk tea/coffee with milk after this time, then discuss with the anaesthetist. There is now much evidence to suggest that tea or coffee with small amounts of milk (less than a third in total volume) should be classed as a clear fluid. Indeed in a recent discussion, all but one member of an expert panel recommended this. It is up to the individual anaesthetist as to whether they should proceed with anaesthesia and surgery in this instance.
- The anaesthetic team should consider further interventions such as antacids for patients at higher risk of regurgitation and aspiration and advise ward / preoperative staff accordingly.
- Patients may experience delays whilst waiting for surgery. Such delays, where fasting is maintained, may contribute to thirst, dry mouth, headache and reduction in general wellbeing.
- Increasingly it has been shown that small amounts of water prior to elective surgery are safe and are unlikely to increase the risk of aspiration. In fact they may actually increase gastric acid emptying from the stomach. For this reason we have introduced a SOP which allows these patients to take small amounts of water.



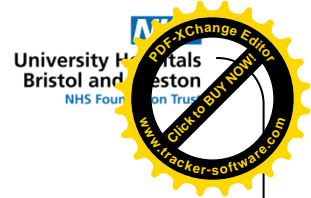
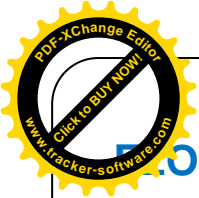
PROCESS

- Patient is admitted to the preoperative area as per current practice
- Patient is offered up to 50ml of water (up to first line on white plastic cup) to take any prescribed medication, as directed by the anaesthetist or local policy. This should occur as soon after admission as possible. If 50ml of water is insufficient for the patient to swallow tablets then a little more may be offered
- Theatre briefing occurs and list order is finalised. First patient is sent to theatre
- Nurse to clarify with anaesthetist if clear fluid can be given up until a certain time for remaining patients, *for example, clear fluids until 10:00 then cease*. This time should be written on the whiteboard in the POD (BRI) or an alternative area. If a time cannot be given, every effort should be made by the anaesthetist to inform the preoperative staff once list orders have been determined
- After the specified time to cease clear fluid, or for patients where a time has not been stated, patients should be offered 50ml of water (up to first line on white plastic cup) every hour whilst waiting to be called for surgery. This applies to all patients, unless the anaesthetist or surgeon informs the nurse otherwise
- If a patient has taken medication with water then the 50ml comfort water due at the same time should be withheld, unless the patient is allowed clear fluids until a specified time. *For example, a patient who received medications with water at 10:00 should have their fluid offering withheld at that time. They could receive 50ml fluid from 11:00 onward*
- During handover from the nurse in the preoperative area to the collecting staff, the patient can be said to have followed the SOP for water. Patients should not be delayed for surgery or cancelled if they have followed the SOP. Any additional water or clear fluid consumption (greater than 50 ml per hour or 50ml for medication administration or fluid after specified cessation time) should be stated separately in the handover
- **The time the patient is called for surgery can occur at any time after the 50ml of water is given.**
- Any concerns or questions regarding the patient should be directed to the anaesthetist responsible for the theatre list or the on call anaesthetist on bleep 3036.

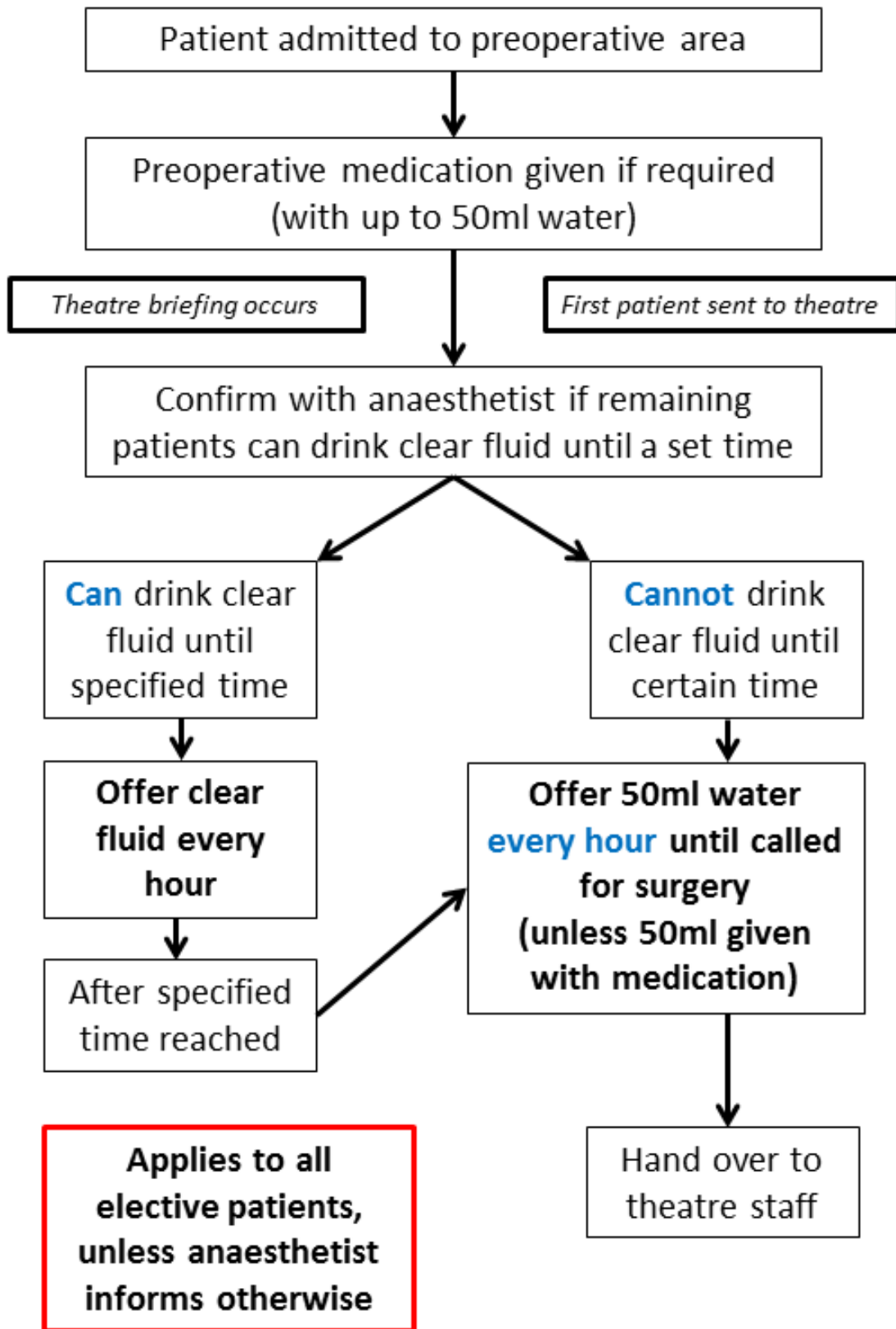
EXCLUSION

Occasionally an anaesthetist may indicate that the patient should not follow the SOP either due to personal reference or they feel the patient is at risk of slower gastric emptying.

It is the responsibility of the anaesthetist to highlight to preoperative staff if a patient should not follow the SOP. If no opt out instruction is given, all patients should adhere to the SOP.



FLOW DIAGRAM





The following patients should not be left for long periods without hydration, and may require additional intravenous maintenance fluids prior to surgery:

- Elderly patients
- Patients with severe renal impairment
- Patients who have undergone bowel preparation
- Patients who have pre-existing dehydration

Diabetics

This SOP includes diabetic patients. In addition, diabetic patients may require a variable rate insulin infusion along with intravenous fluids. For guidance on this see 'Guidelines for the management of adult patients with diabetes in the peri-operative and peri-procedure setting. <http://nww.avon.nhs.uk/dms/download.aspx?did=16178>

Postoperative resumption of oral intake in healthy adults

Please read the surgeon's post-operative instructions.

Providing there are no contraindications, patients should be encouraged to drink when ready.

- Royal College of Nursing Fasting Guideline (2005)
- AAGBI Preoperative Assessment & Patient Preparation: The Role of the Anaesthetist (2010)

RELATED DOCUMENTS

1. Guidelines for the management of adult patients with diabetes in the peri-operative and peri-procedure setting <http://nww.avon.nhs.uk/dms/download.aspx?did=16178>
2. Perioperative fasting in adults and children: guidelines from the European Society of Anaesthesiology. Smith I et al. Eur J Anaesthesiol 2011; 28:556-569.

AUTHORISING BODY

Division of Surgery Governance Group

SAFETY

If patient is unwell or experiencing acute symptoms, discuss with surgical team via switchboard or on call Anaesthetist on bleep 3036

QUERIES

Contact BRI Preoperative Assessment Clinic on ext. 20283, BHI Preoperative Assessment Clinic on ext. 26501/25904 or on call Anaesthetist on bleep 3036