

Preoperative Fasting Guidelines

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Adults

Solid food and clear fluids are not permitted from midnight on the day of elective surgery/intervention.

Patients may be given breakfast/cups of tea only on the specific request of the Anesthesiologist in charge of the list (this includes NasoGastric feed and Gastrostomy feeds).

Tablets of premedication as well as regular medication may be taken with sips of water if necessary.

Patients considered to be at risk of regurgitation eg: hiatus hernia, should have antacid prophylaxis prescribed (Ranitidine 150 mg po, Metoclopramide 10 mg po 1.5 hours preoperatively).

If this is written "on-call" the ward must be contacted to ensure it is given at an appropriate time and the starvation period modified if necessary.

All special instructions relating to fasting and premedication should be written on the notes of the patient

Premedications for patients added to the list (late or as emergencies) will be decided when they are seen pre-operatively by the Anaesthetist.

The senior nurse in charge of the flood in theatres will liaise with the wards to discuss changes in the order of the lists, additions, emergencies and cancellations.

Minimum fasting periods: 6 hours for solids, 2 hours for clear fluids.

Children

Fasting:

Infants < 1 year on regular milk feeds:

No Formula milk may be given for 6 hours pre-operatively

No Breast milk for 4 hours pre-operatively

Clear fluids may be given until 2 pre-operatively.

Infants requiring two-hourly milk feeds should be discussed with the Anesthesiologist.

Children > 1 year:

No food or milk for 6 hours pre-operatively

Clear fluids may be given until 2 hours pre-operatively.

On the day of surgery clear fluids are allowed up to two hours pre-operatively — this will be 06.00 for the first patient in theatres (8.00 am start). Once the list is underway

instructions should be given to the ward by the Anesthesiologist responsible for the list whether or not subsequent patients may receive further oral fluids. (Clear fluids: water, orange squash, apple juice without 'bits', tea/coffee without milk NOT Greek Coffee).

The Anesthesiologist in charge of the list will contact the ward to discuss if the child/children may receive further oral fluids or requires intravenous fluids.

Children coming in as day cases (eg: for bronchoscopy, cardiac catheter) should be starved in accordance with the above guidelines.

All special instructions relating to fasting/premedication should be written on the notes of the patient or in the drug chart in the space provided.

The senior nurse in charge of the flood in theatres will liaise with the wards to discuss changes in the order of the lists, additions, emergencies and cancellations.

Bibliography

1. Royal Brompton and Harefield Hospitals NHS Trust, *Notes for newcomers*
2. Royal College of Nurses *Perioperative fasting in adults and children. Clinical Practice Guidelines.* www.rcn.org.uk/__data/assets/pdf_file/0009/.../002779.pdf
3. J. Roger Maltby. Pre-operative Fasting Guidelines. Update in Anaesthesia . Issue 12, 2000 http://www.nda.ox.ac.uk/wfsa/html/u12/u1202_01.htm