

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), the Consensus Statement from the Association of Paediatric Anaesthetists of Great Britain and Ireland (2018) together with recommendations from a growing number of evidence-based studies advocating a reduction in fasting times for clear fluids.

Over recent years there has been an increasing realisation that to fast people excessively is not only unnecessary, but harmful and can lead to increased rates of post operative nausea and vomiting (PONV); negative psychological symptoms including thirst and anxiety; and metabolic derangements including initiation of the catabolic state. This version of the fasting guideline is introducing a **'sip til send'** policy for clear fluids for the majority of elective and trauma patients.

Important definitions:

For the purpose of this guideline:

- Children are patients aged 0-16.
- **Water** is still (non-fizzy) water only.
- **Clear fluids** are defined as: **clear and pulp-free fruit juice, diluted squash/cordial or tea/coffee with a small splash of milk i.e. see through and non-fizzy 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.
- 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.

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 all clear fluids.

CHILDREN: 6 hours for solid food and formula milk, 4 hours for breast milk, 1 hour for all clear fluids.

SIP TIL SEND (for both ADULTS and CHILDREN):

- Upon reaching their dedicated clear fluid fasting time (as stated above), patients should be given a plastic cup of still water (approximately 170ml)
- Patients will be allowed to take sips up to a maximum of their plastic cup (170ml) per hour till called for surgery, unless contra-indicated or dictated by the Anaesthetist
- Children will be allowed to sip 3ml/kg/hr to a maximum of 170ml

Emergency patients:

Recognise that the time of operation may be less predictable.

- Follow the guidance for elective surgical patients for solid food (6 hour fasting time), infant formula (6 hour fasting time), breast milk (4 hour fasting time).
- Fasting time for adults for clear non-fizzy fluids should be 2 hours, or until 4 hours after commencement of fasting for solid food (unless contra-indicated or dictated by the Anaesthetist).
- Fasting time for paediatric patients for clear non-fizzy fluids should be 1 hour, or until 5 hours after commencement of fasting for solid food.

- 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).

Trauma patients:

- The majority of trauma patients are both older and multi-morbid. The detrimental effects of a prolonged fast in this high-risk population can result in **hypovolaemia** and increased **haemodynamic instability** (alongside the other negative effects of fasting already mentioned).
- While this needs to be balanced against the delayed gastric emptying seen in patients experiencing pain and receiving opiates, there are multiple studies showing low to no risk associated with aspiration of clear fluids under anaesthesia.
- Therefore preoperative fasting for trauma cases should be the same as for elective cases employing the 'Sip till Send' model:

ADULTS: 6 hours for solid food. 2 hours for all clear fluids. **Sip til send** for still water to a maximum of 170ml per hour, unless contra-indicated or dictated by the Anaesthetist

CHILDREN: 6 hours for solid food and formula milk, 4 hours for breast milk, 1 hour for all clear fluids. **Sip til send** for still water of 3ml/kg to a maximum of 170ml per hour, unless contra-indicated or dictated by the Anaesthetist

Exclusions from the 'Sip til Send' policy include:

- Patients with delayed gastric emptying (including diabetes/renal failure with gastroparesis)
- Any relevant oesophageal pathology (e.g. severe gastro-oesophageal disease, hiatus hernia, achalasia, obstructing lesions, etc.)
- Significant dementia or learning disabilities (or similar) where 30ml sip instructions may not be adhered to
- Any surgical contra-indications

The Anaesthetist has the final say for patient fasting times, which may vary for particular patients or procedures.

N.B: If individual anaesthetists want patients to deviate from the Sip Til Send policy, they **must** inform the relevant admitting nursing team to adopt bespoke fluid fasting instructions

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. 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 manufacturers recommendation).

Patients with Diabetes:

Normal fasting guidance applies. Please refer to separate guidelines on managing diabetes in the peri-operative period: Management of Adults with Diabetes undergoing Surgery and Elective Procedures Trust reference B3/2013.

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:

a) For Adult Morning or All-day Lists

- You should not take any food after 2am.
- From 2am to 6am you may only drink clear fluids (water, diluted squash, non-fizzy see-through drinks).
- Please drink a glass of still 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. Many patients will be offered a drink at 7am and then allowed sips of water until the time of their surgery. This may not apply to you if you have certain medical conditions such as acid reflux or problems with swallowing.

b) For Children's Morning or All-day Lists

- Your child should not take any food (including infant formula) after 2am.
- From 2am to 7am they may only drink clear fluids (water, diluted squash, non-fizzy see-through drinks). Please encourage your child to drink a glass of still 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 still water at 7am.
- After 6am no chewing gum.
- After 7am, your child may be allowed to have sips of water until they have been called to theatre. This may not apply to your child if they have certain medical conditions such as acid reflux or problems with swallowing.
- After 7am normal medication can be taken with a sip of water unless alternative clinical advice is given.

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 clear fluids (water, diluted squash, non-fizzy see-through drinks) 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.
- Many patients will be offered a drink of water on admission to hospital and then allowed sips of water until the time of their surgery. This may not apply to you if you have certain medical conditions such as acid reflux or problems with swallowing for example.

d) For Children's Afternoon Lists

- Your child should not take any food after 7am. Your child may have a **light** breakfast before 7am.
- From 7am to 12noon they may only drink clear fluids (water, diluted squash, non-fizzy see-through drinks). Please encourage a glass of still water at 12noon.
- If you are breast-feeding your child, their last feed should be at 9.30am.
- After 11am no chewing gum.
- After 12noon normal medication can be taken with a sip of water unless alternative clinical advice is given.
- Many children will be offered a drink of water on admission to hospital and then allowed sips of water until the time of their surgery. This may not apply to your child if they have certain medical conditions such as acid reflux or problems with swallowing for example.

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 09:00 on the morning of surgery to discuss:
- 1) Final order of the list
 - 2) Appropriateness of further oral fluid intake and whether the patient can '**Sip til Send**'
 - 3) For patients who are not allowed to sip til send, determine the time they can drink up till, once the 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

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
<p>That fasting for elective cases should be as follows:</p> <p>Adults: 6 hours for solid food and drink (except water) 2 hours for clear fluids Sip til Send for water, unless subject to an exclusion criterion</p> <p>Children: 6 hours for solid food and infant formula 4 hours for breast milk 1 hour for clear fluids Sip til Send for water, unless subject to an exclusion criterion</p>	Datix incidents and audit	ITAPS Q&S lead	Bi-annually	ITAPS Audit meeting

5. Supporting References

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6. Key Words

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

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review (September 2024): <ol style="list-style-type: none">1. For children, clear fluids may be ingested up to 1 hour before surgery.2. Clear fluids are defined as water, pulp-free juice, diluted squash/cordial or tea/coffee with a small splash of milk i.e. see-through, non-fizzy drinks.3. Sip til send for still (non-fizzy) water for elective and trauma cases, unless subject to an exclusion criterion	