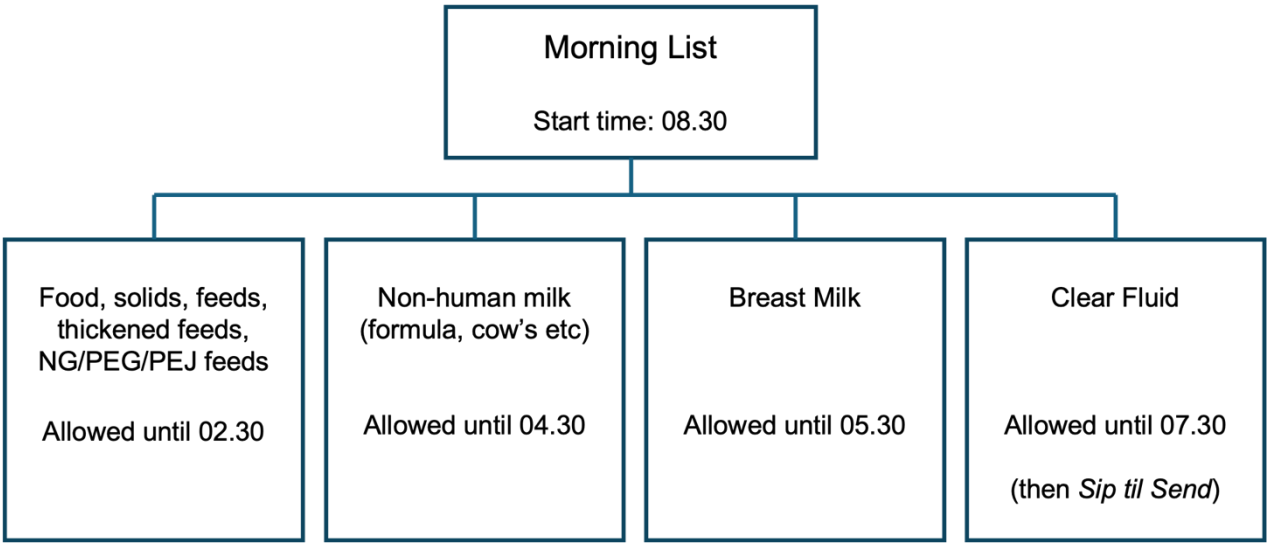
Royal Cornwall Hospitals
NHS Trust

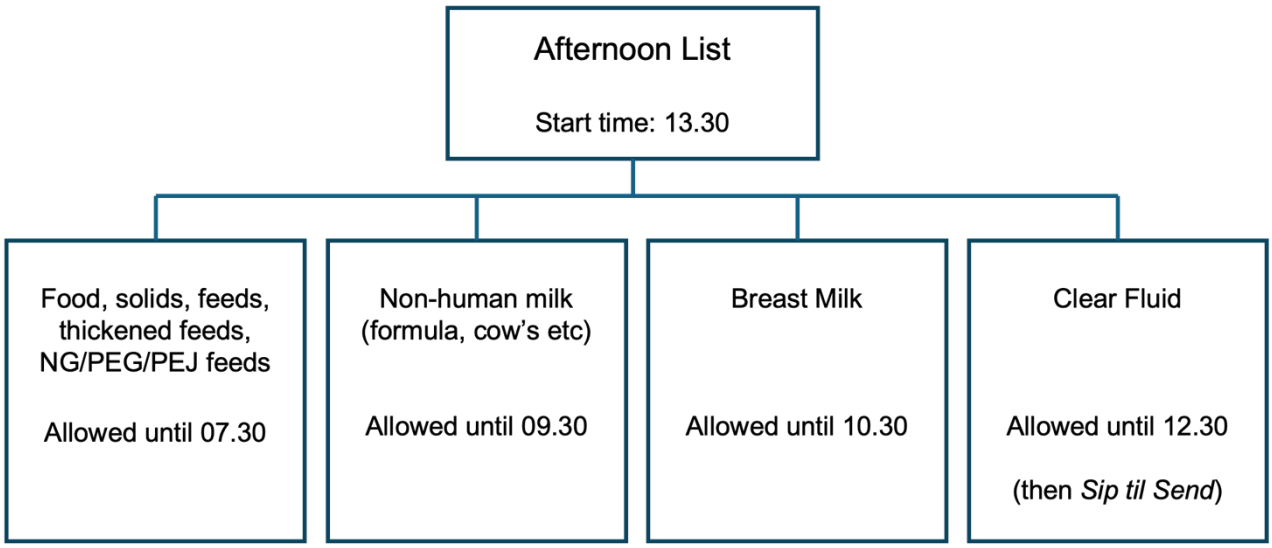
Fasting for Children and Young People (0-15yrs) who require General Anaesthesia, Regional Anaesthesia or Deep Intravenous Sedation Clinical Guideline

V3.0

June 2025

Summary





Applies to all patients unless a senior anaesthetist has requested an individual exemption.

Clear Fluid
Clear (non-opaque) fluids include: water, diluting squash/cordial, ready diluted juice (e.g. Fruit Shoot®, Ribena®), oral carbohydrate drinks, Dioralyte® and Lucazade Sport®, black tea and black coffee. Glucose containing fluids are preferable.

Clear fluids do **not** include milk, formula milk, fruit juice and fizzy drinks.

On admission to Harlyn Ward, all children should be offered a clear drink of their choosing.

Sip til Send
Patients are allowed to have small **sips** of clear fluid up until the moment they are sent for by theatre/MRI/IR.

1. Aim/Purpose of this Guideline

1.1. The restrictions on what patients can eat or drink before surgery are to reduce the risk of pulmonary aspiration (stomach contents entering the lungs) and facilitate the safe and efficient conduct of general and regional anaesthesia or deep intravenous sedation.

1.2. Prolonged fasting been shown to have a detrimental impact as it can disrupt metabolic homeostasis, leading to hypoglycaemia and an increased risk of low blood pressure at induction of anaesthesia. Furthermore, psychological consequences and wider discomfort are noted in children undergoing surgery after prolonged fasting and therefore shortening fasting times to the minimum length necessary would reduce such metabolic complications or negative outcomes as well as increase patient comfort and reduce *stress*.

1.3. These guidelines are to enable children and young people (0-15yrs) admitted on paediatric wards to be appropriately fasted prior to general and regional anaesthesia or deep intravenous sedation, whilst avoiding the problems associated with excessive fasting.

1.4. Young adults (age 16+ years) are routinely admitted to adult wards and should follow the fasting guideline for adults.

1.5. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. **Morning lists**:

Children to be fasted ready for anaesthesia to start at 08.30.

Food, solids, feeds, thickened feeds, NG/PEG/PEJ feeds allowed and encouraged until 02.30.

Formula, and other non-human, milk allowed and encouraged until 04.30.

Breast milk allowed and encouraged until 05.30.

Continue drinking clear fluids until 07:30 and have a glass at that time, then Sip til Send.

2.2. **Afternoon lists**

Children to be fasted ready for anaesthesia to start at 13.30.

Food, solids, feeds, thickened feeds, NG/PEG/PEJ feeds allowed and encouraged until 07.30.

Formula, and other non-human, milk allowed and encouraged until 09.30.

Breast milk allowed and encouraged until 10.30.

Continue drinking clear fluids until 12:30 and have a glass at that time, then Sip til Send.

2.3. **Minimum fast times (for reference and for non-elective cases)**

Food, solids, feeds, thickened feeds, NG/PEG/PEJ feeds should not be consumed within 6 hours of induction of anaesthesia.

Sweets and chewing gum are viewed as solids and should not be taken for 6 hours prior to anaesthesia.

Formula, and other non-human, milk should not be consumed within 4 hours of induction of anaesthesia.

Breast milk should not be consumed within 3 hours of the start of anaesthesia.

Clear fluid should be allowed freely and encouraged up to 1 hour prior to anaesthesia, then Sip til Send.

2.4. **Clear Fluids**

Clear (non-opaque) fluids include: water, diluting squash/cordial, ready diluted juice (e.g. Fruit Shoot®, Ribena®), oral carbohydrate drinks, Dioralyte® and Lucozade Sport®, black tea and black coffee.

Clear fluids do **not** include milk, formula milk, pure fruit juice and fizzy drinks.

On admission to Harlyn Ward, all children should be offered a clear drink of their choosing.

Hydration with a glucose-containing squash should be strongly encouraged. Water or glucose free squash should only be used if glucose-containing squash is refused or unavailable.

2.5. **"Sip til Send"**

Pragmatic experience at RCHT has led us to sip until send.

In the literature sip til send is defined as 3ml/kg/hr, but we are willing to be pragmatic and move away from this prescribed volume to allow children to **sip** (not gulp, glug, down, chug etc.) clear fluid until sending, as we have found asking for a prescribed volume decreases the likelihood of fluid being administered. This risk Vs benefit decision was made at the *Paediatric Anaesthesia Interest Group Business Meeting* on 31st January 2024.

If patients are unable to drink, then consideration should be given to starting maintenance intravenous fluid.

2.6. **Prescribed medication and premedication**

Prescribed medicines, including *premedication*, must be given and may be taken with a sip of clear fluid at any time prior to the induction of anaesthesia.

2.7. **Tube Feeding (NG, PEG, PEJ etc)**

Children on enteral tube or gastrostomy feeding should be fasted before anaesthesia according to the same guidelines as other children and according to the consistency and caloric content of the food administered (clear fluid, milk, thick semi-solid fluid etc).

2.8. **Exemptions**

Patients at higher risk pulmonary aspiration (slower gastric emptying) there *may* be occasion when a senior anaesthetist may wish to prolong fasting times and remove sip til send. This *may* include:

- Critically ill children.
- Children with renal failure.
- Severe gastro-oesophageal reflux disease (limiting growth)
- Enteropathies / active intra-abdominal pathology / bowel obstruction / ileus.
- Oesophageal strictures/patients booked for oesophageal dilatation.
- Achalasia.
- Mitochondrial disease.

- Patients undergoing emergency surgery*
- Patients taking glucagon-like peptide-1 receptor and glucose-dependent insulinotropic polypeptide receptor agonists for diabetes or weight loss**
- Documented history of gastric immobility e.g. autonomic dysfunction related to diabetes.
- Significant learning difficulties where a patient is unable to limit/manage their own water consumption.

If you have any doubts about the fasting times for a patient, please contact their anaesthetist.

2.9. ***Emergency surgery**

Fasting guidance for patients undergoing emergency surgery should be decided by the anaesthetist in charge of the case. Their suitability for this guidance will depend upon their surgical and clinical condition.

Where it is possible it is advisable to delay surgery to allow normal starvation guidelines to be followed.

However, in emergency cases it may be necessary for fasting guidelines to be over-ruled to expedite surgery (e.g. in the case of ongoing major haemorrhage, testicular torsion, button batter ingestion etc). This is at the discretion of the senior anaesthetist and surgeon.

Prolonged periods of fasting should be avoided, as in elective cases. This may necessitate the provision of maintenance intravenous fluids.

2.10. **** Patients taking glucagon-like peptide-1 receptor and glucose-dependent insulinotropic polypeptide receptor agonists for diabetes or weight loss**

Discuss with anaesthetist and please see RCHT “Management of Paediatric Patients with Diabetes Requiring Surgery, General Anaesthesia or a Fasting Procedure Clinical Guideline”

2.11. **Gastric Ultrasound**

Ultrasound assessment of gastric contents and volume *may* be used in children scheduled for elective surgery when fasting instructions have not been applied, and in children undergoing emergency surgery, but it’s role in everyday practice is still to established.

2.12. **Children requiring Regional Anaesthesia only**

These children should be fasted as for general anaesthesia.

2.13. **Use of Intravenous Sedatives to achieve deep sedation**

These children should be fasted as for general anaesthesia.

2.14. **Children requiring *local anaesthesia* only**

No fasting is required: patients can eat a normal diet.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Fasting information provided in surgical pre-assessment clinics. Fasting information provided in letters sent to patients. Duration of fasting of patients attending for elective surgery. Duration of fasting of patients attending for emergency surgery.
Lead	Lead for Paediatric Anaesthesia: Dr Thomas Bevir.
Tool	Datix of paediatric aspiration events. Audit of the above elements.
Frequency	Ad hoc.
Reporting arrangements	Primary: Anaesthesia Department Governance Meeting. Secondary: Surgery in Children Governance Meeting.
Acting on recommendations and Lead(s)	Paediatric Preassessment Clinic. Lead for Paediatric Anaesthesia. Anaesthesia Department Governance Lead. Trust Lead for Surgery in Children.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 6 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Fasting for Children and Young People (0-15yrs) who require General Anaesthesia, Regional Anaesthesia or Deep Intravenous Sedation Clinical Guideline V3.0
This document replaces (exact title of previous version):	Fasting for Children (0-15yrs) who require Anaesthesia or Intravenous Sedation Clinical Guideline V2.0
Date Issued/Approved:	May 2025
Date Valid From:	June 2025
Date Valid To:	June 2028
Directorate/Department responsible (author/owner):	Lead for Paediatric Anaesthesia: Dr Thomas Bevir, Consultant Anaesthetist.
Contact details:	01872 258195
Brief summary of contents:	Fasting for Children (0-15yrs) who require General Anaesthesia, Regional Anaesthesia or Deep Intravenous Sedation.
Suggested Keywords:	Fasting, starvation, anaesthesia, surgery, paediatrics, children, sip til send, aspiration, breast milk, milk, solids, food.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Paediatric Anaesthesia Interest Group. Anaesthetic Department.
Manager confirming approval processes:	Doug Riley
Name of Governance Lead confirming consultation and ratification:	Suzanne Barber, Interim Governance Manager
Links to key external standards:	https://www.apagbi.org.uk/news/apa-consensus-statement-updated-fluid-fasting-guidelines

Information Category	Detailed Information
	https://cpoc.org.uk/guidelines-and-resources/guidelines-resources/resources/sip-til-send Southwest Surgery in Children Operational Delivery Network Best Practice Recommendations: Paediatric Fasting Guidance. Frykholm, P et al. Pre-operative fasting in children: A guideline from the European Society of Anaesthesiology and Intensive Care. European Journal of Anaesthesiology 39(1): pg4-25, January 2022.
Related Documents:	South West Surgery in Children Operational Delivery Network Best Practice Recommendations: Paediatric Fasting Guidance. Frykholm, P et al. Pre-operative fasting in children: A guideline from the European Society of Anaesthesiology and Intensive Care. European Journal of Anaesthesiology 39(1): pg4-25, January 2022.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Anaesthesia

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
06/2018	V1.0	Initial issue	Dr Alison Pickford Consultant Anaesthetist
10/2021	V2.0	Simplification of summary flowchart re use of adult or children fasting guideline, as the solid/fluid restriction for both is now the same. 1.5 removed – fluid restriction for adults and children now the same.	Dr Alison Pickford Consultant Anaesthetist

Date	Version Number	Summary of Changes	Changes Made by
03/2025	V3.0	Addition of Sip til Send. Amendment to both formula, non-human, and breast milk starvation times.	Dr Thomas Bevir, Consultant Anaesthetist.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Fasting for Children and Young People (0-15yrs) who require General Anaesthesia, Regional Anaesthesia or Deep Intravenous Sedation Clinical Guideline V3.0
Directorate and service area:	Anaesthesia, ACCT
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Thomas Bevir, Consultant Anaesthetist.
Contact details:	01872 258195

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff involved in the preparation of children and young people who require General Anaesthesia, Regional Anaesthesia or Deep Intravenous Sedation.
2. Policy Objectives	Reduce the risk of pulmonary aspiration (stomach contents entering the lungs) and facilitate the safe and efficient conduct of general and regional anaesthesia or deep intravenous sedation, whilst minimising disruption of metabolic homeostasis and the psychological effects of excessive fasting.
3. Policy Intended Outcomes	Reduce the risk of pulmonary aspiration (stomach contents entering the lungs) and facilitate the safe and efficient conduct of general and regional anaesthesia or deep intravenous sedation, whilst minimising disruption of metabolic homeostasis and the psychological effects of excessive fasting.

Information Category	Detailed Information
4. How will you measure each outcome?	Datix reporting, complaints, unexpected overnight admissions, critical care admissions and feedback from anaesthetists at monthly governance meetings.
5. Who is intended to benefit from the policy?	Patients.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: Yes • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** RCHT Anaesthetic Paediatric Interest Group. South West Surgery in Children Operational Delivery Network Chief Nurse.
6c. What was the outcome of the consultation?	Agreed: support changes.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** South West Surgery in Children Operational Delivery Network Pre-Assessment Working Group.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Thomas Bevir, Consultant Anaesthetist.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis