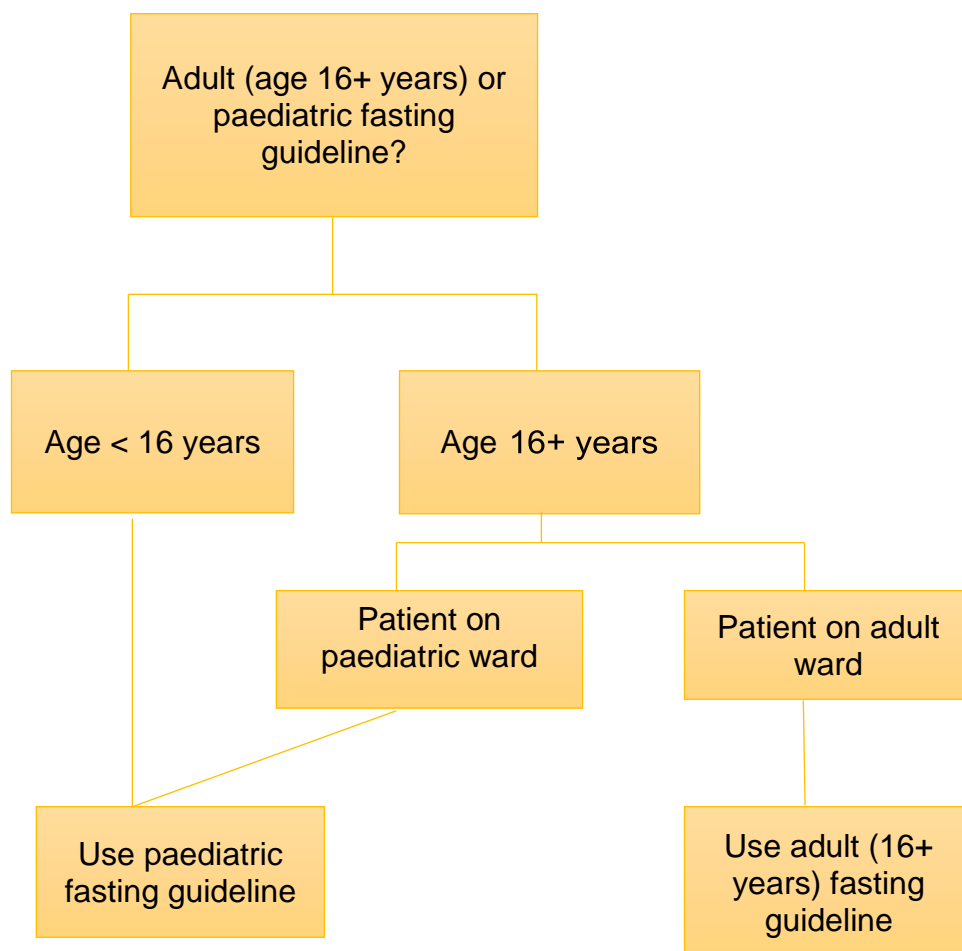


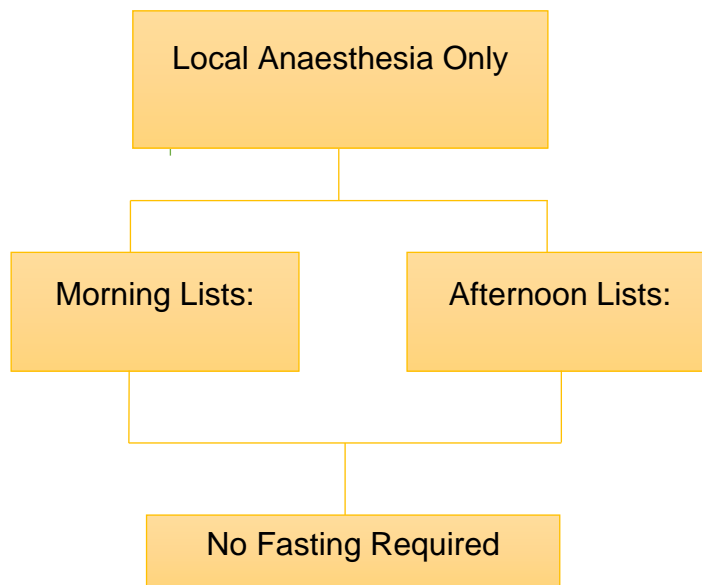
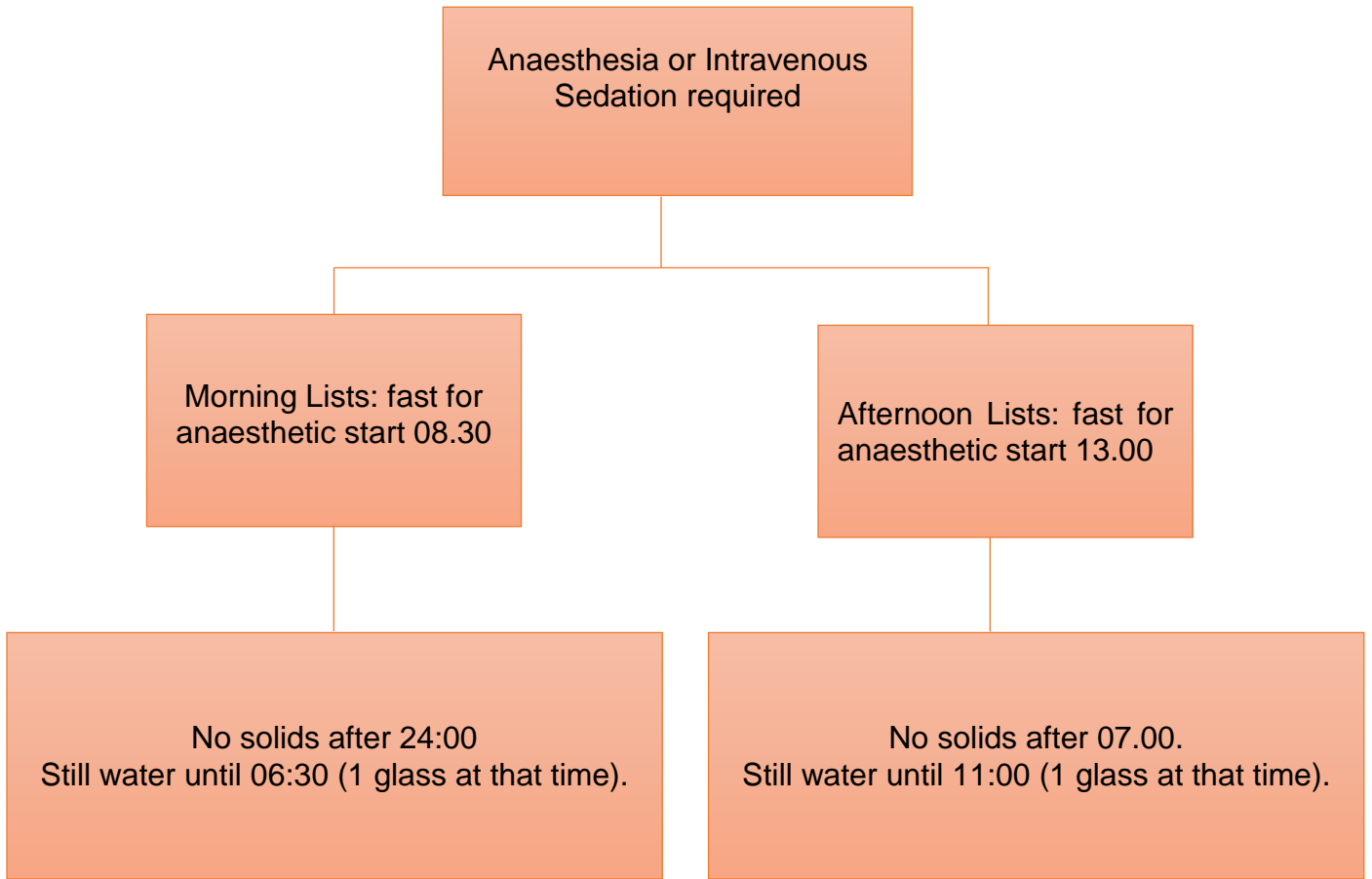
**Fasting for Adults (including Young  
Adults Age 16+ years) who require  
Anaesthesia or Intravenous Sedation  
Clinical Guideline V5.0**

November 2018

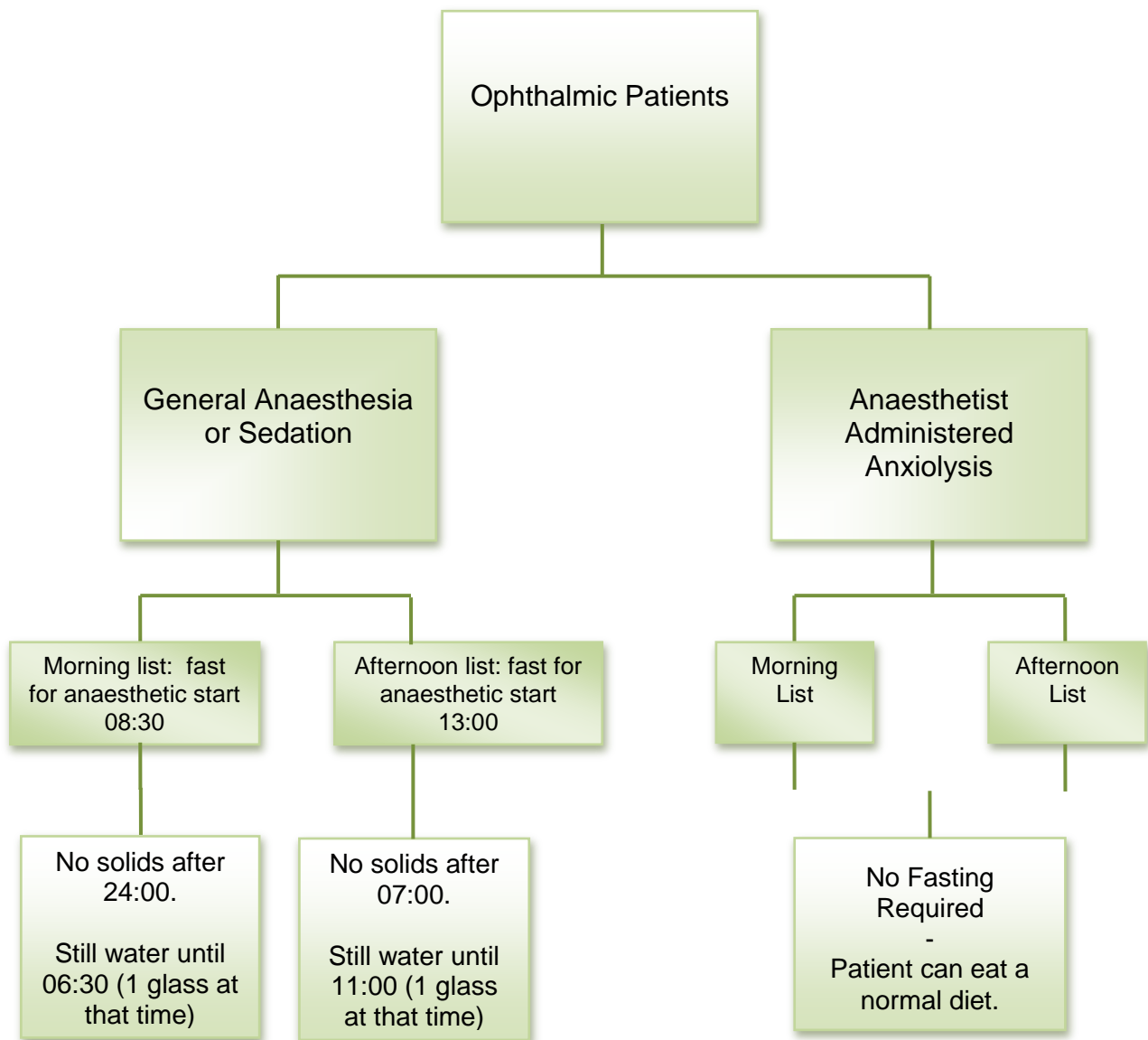
## Summary.

### Fasting for Adults (including Young Adults Age 16+ years) who require Anaesthesia or Intravenous Sedation Clinical Guideline V5.0





# Fasting for Ophthalmic Adult patients (including young adults age 16+ years) who require Anaesthesia or Intravenous Sedation



## 1. Aim/Purpose of this Guideline

1.1. The aim of fasting is to reduce the risk of pulmonary aspiration and facilitate the safe and efficient conduct of general/regional anaesthesia and sedation.

1.2. Fasting for prolonged period has been shown to increase thirst and can result in dehydration, greater reductions in systolic blood pressure on induction, a catabolic state (hypoglycaemia) and an increase in the incidence of postoperative nausea and vomiting. Prolonged and excessive fasting is therefore to be avoided.

1.3. These guidelines are to enable adult patients (age 16+ years) to be appropriately fasted prior to general/regional anaesthesia, intravenous sedation or local anaesthesia, whilst avoiding the problems associated with excessive fasting.

1.4. Young adults aged 16-18yrs are routinely admitted to adult wards and should follow these fasting guidelines.

1.5. If a patient 16-18yrs is admitted to a paediatric ward then the paediatric fasting guidelines should be followed.

## 2. The Guidance

### 2.1. Fasting instructions for patients aged 16+ years.

#### 2.1.1. Morning lists:

- Patients to be fasted ready for anaesthesia to start at 08.30.
- No solids after 24:00 (midnight).
- **Continue drinking** still water until 06:30 and **have a glass at that time.**

#### 2.1.2. Afternoon lists:

- Patients to be fasted ready for anaesthesia to start at 13.00.
- Light early breakfast finishing before 07:00. No solids after 07.00.
- **Continue drinking** still water until 11:00 and **have a glass at that time.**

### 2.2. Minimum fast for solids:

2.2.1. Solids and milk containing drinks should not be consumed within 6 hours of the start of an operating list (milk curdles in the stomach and becomes a solid).

2.2.2. Patients should avoid large or fatty meals the day before surgery as fat and fibre remains in the stomach for longer than other foods

2.2.3. Sweets and chewing gum are viewed as solids and should not be taken for 6 hours prior to the start of an operating list.

2.2.4 Example of a light early breakfast

A small bowl of cereal (Cornflakes, Rice Krispies) with skimmed or semi-skimmed milk or a slice of toast with honey, jam or marmite. No high fibre cereals such as Weetabix, muesli or bran. No fried food.

### **2.3. Minimum fast for fluids.**

2.3.1. Still water should be allowed freely and encouraged up to 2 hours prior to anaesthesia. The advice to patients and patient information leaflets now only recommends still water in order to simplify the advice to patients avoid cancellation of surgery when unacceptable fluids taken.

2.3.2. Clear still fluids can be taken up to 2 hours prior to anaesthesia or sedation. A clear fluid is defined as water, clear non-opaque fruit juice (e.g. apple juice) or squash/cordial, ready diluted drinks and non-fizzy sports drinks, black tea and black coffee.

2.3.3. Drinks must not contain any alcohol, pulp, milk or be fizzy.

2.3.4. A small volume of water may be given with the patient's medication / premedication tablets up to 30 minutes pre-op.

2.3.5. Where patients have been fasted for fluid for longer than 2 hours ward staff should contact the anaesthetist to ask if the patient can have a drink of still water. Where it is not possible for the patient to have a drink consideration should be given to starting maintenance intravenous fluids.

### **2.4. Advice to anaesthetists if patients have been chewing gum.**

It is the responsibility of the anaesthetist to make a risk assessment prior to continuing to anaesthesia. Where patients have been chewing gum it is acceptable to fast patients for 2 hours to allow the stomach to empty before proceeding to anaesthesia.

### **2.5. Prescribed medication and premedication.**

2.5.1 Prescribed medicines and premedication can be taken with a small quantity of still water up to 30 minutes before anaesthesia.

2.5.2. Regular medications should be given but there are some exceptions, notably diabetic medication, warfarin, and clopidogrel.

2.5.3. For detailed advice please see preoperative guidelines for oral drug therapy.

### **2.6. Emergency surgery.**

2.6.1 Where it is possible or advisable to delay surgery to allow resuscitation the normal fasting guidelines should be followed.

2.6.2 In emergency cases it may be necessary for fasting guidelines to be over-ruled in order to expedite surgery (e.g. in the case of ongoing major haemorrhage). This is at the discretion of the senior anaesthetist.

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

## **2.7. Women in labour**

2.7.1. Low risk labour - eat and drink as normal.

2.7.2. High risk labour (which includes those women who have an epidural placed) clear still fluids only.

2.7.3. Pregnant women are at increased risk of gastro-oesophageal reflux. Those women who are classed as a high risk labour will be given ranitidine 150 mg po 8 hourly.

2.7.4. Elective LSCS - fasted as per the adult guidelines. No solids to be consumed for 6 hours prior to anaesthesia, still water may be taken up to 2 hours prior to anaesthesia.

## **2.8. Patients requiring Regional Anaesthesia.**

Patients should be fasted as for general anaesthesia.

## **2.9. Patients requiring Intravenous Sedation.**

Patients should be fasted as for general anaesthesia.

## **2.10. Patients requiring Local Anaesthesia Only.**

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

## **2.11. Patients for ophthalmic procedures who require anxiolysis.**

2.11.1. Patients undergoing ophthalmic procedures who require anaesthetist administered anxiolysis only do not need to be fasted.

2.11.2. Patients undergoing ophthalmic procedures requiring moderate or deep sedation, or when continuous infusion of a sedative drug is planned, must be fasted as for a general anaesthetic.

### 3. Monitoring compliance and effectiveness

Element to be monitored	1. Fasting information provided in surgical pre-assessment clinics 2. Fasting information provided in letters sent to patients 3. Duration of fasting of patients attending for elective surgery 4. Duration of fasting of patients attending for emergency surgery
Lead	Dr Alison Pickford, Consultant Anaesthetist
Tool	Audit of the above elements.
Frequency	Audit of each element annually.
Reporting arrangements	Report to Divisional Director of Anaesthesia Report to Anaesthetic Clinical Governance meeting Clinical Governance meeting minutes to record outcome and actions identified
Acting on recommendations and Lead(s)	Anaesthetic directorate to identify recommendations and actions Actions to be undertaken and completed within 6 months
Change in practice and lessons to be shared	Required changes to practice will be identified and action taken 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 & Human Rights 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

<b>Document Title</b>	Fasting for Adults (including Young Adults Age 16+ years) who require Anaesthesia or Intravenous Sedation Clinical Guideline V5.0		
<b>Date Issued/Approved:</b>	August 2018		
<b>Date Valid From:</b>	November 2018		
<b>Date Valid To:</b>	November 2021		
<b>Directorate / Department responsible (author/owner):</b>	Dr Alison Pickford, Consultant Anaesthetist		
<b>Contact details:</b>	01872 258195		
<b>Brief summary of contents</b>	Fasting guidance for adults (including young adults age 16+ years) undergoing anaesthesia or intravenous sedation		
<b>Suggested Keywords:</b>	Fasting, anaesthesia, adults, young adults, intravenous, sedation		
<b>Target Audience</b>	RCHT	CFT	KCCG
	✓		
<b>Executive Director responsible for Policy:</b>	Medical Director		
<b>Date revised:</b>	August 2018		
<b>This document replaces (exact title of previous version):</b>	A policy for fasting adults who require anaesthesia or intravenous sedation. V4.0		
<b>Approval route (names of committees)/consultation:</b>	Anaesthetic Department		
<b>Divisional Manager confirming approval processes</b>	Dr Alison Moore		
<b>Name and Post Title of additional signatories</b>	Not Required.		
<b>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</b>	{Original Copy Signed}		
	Name: Dr Nila Cota		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only
<b>Document Library Folder/Sub Folder</b>	Clinical / Anaesthesia		

Fasting for Adults (including Young Adults Age 16+ years) who require Anaesthesia or Intravenous Sedation Clinical Guideline V5.0

<b>Links to key external standards</b>	<a href="https://www.aagbi.org/sites/default/files/Perioperative_fasting_in_adults_and_children_.4.pdf">https://www.aagbi.org/sites/default/files/Perioperative_fasting_in_adults_and_children_.4.pdf</a> <a href="https://www.rcn.org.uk/professional-development/publications/pub-002779">https://www.rcn.org.uk/professional-development/publications/pub-002779</a> <a href="https://www.apagbi.org.uk/news/apa-consensus-statement-updated-fluid-fasting-guidelines">https://www.apagbi.org.uk/news/apa-consensus-statement-updated-fluid-fasting-guidelines</a>
<b>Related Documents:</b>	<a href="#">Fasting for Children (0-15yrs) who require Anaesthesia or Intravenous Sedation Clinical Guideline</a>
<b>Training Need Identified?</b>	No

### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
11/2010	V1.0	Initial Issue	Dr Alison Pickford Consultant anaesthetist
9/1/13	V2.0	<ol style="list-style-type: none"> <li>1. Instructions for patients moved to front to allow staff to find information more easily.</li> <li>2. Advice to anaesthetist if patients have been chewing gum moved from minimal fast for fluids to paragraph on its own.</li> <li>3. Reformatted to align with format of Document Manager Upload Form</li> <li>4. Addition of monitoring compliance table to align with format of Document Manager Upload Form</li> <li>5. Governance information moved to an appendix and amended to align with format of Document Manager Upload Form</li> <li>6. EIA updated</li> </ol> <p>No change to fasting instructions or advice contained within document</p>	Dr Alison Pickford Consultant anaesthetist
5/1/16	V3.0	<ol style="list-style-type: none"> <li>6.1 Instructions for patients: "drink still water" replaces "drink clear fluid".</li> <li>6.3.1 Minimal fast for fluid: "still water" replaces "clear fluid". Explanation that patient advice now simplified.</li> <li>6.3.2 Explanation that patient information leaflet advises still water (previously clear fluid) to simplify instructions and avoid cancellation of surgery when unacceptable fluids taken</li> <li>6.3.3 Addition that fluid must not contain alcohol.</li> <li>6.3.5 "Still water" replaces "clear fluid".</li> <li>6.6 "Still water" replaces "clear fluid".</li> <li>6.7 "Still water" replaces "clear fluid".</li> <li>6.9 "Still water" replaces "clear fluid".</li> <li>6.10.2 Fasting information for babies and children. Addition "no cows milk for 6 hours before anaesthesia". Addition "still water or dilute squash".</li> <li>6.11.4 "Still water" replaces "clear fluid".</li> </ol> <ol style="list-style-type: none"> <li>1. Addition that patients must not drink alcohol prior to anaesthesia or sedation.</li> </ol>	Dr Alison Pickford Consultant Anaesthetist

03/08/16	V4.0	<p>Addition of 6.15. Instruction for patients for ophthalmic procedures.</p> <p>6.15.1. Patients undergoing ophthalmic procedures who require anaesthetist administered anxiolysis only do not need to be fasted.</p> <p>6.15.2. Patients undergoing ophthalmic procedures requiring moderate or deep sedation, or when continuous infusion of a sedative drug is planned, must be fasted as for a general anaesthetic.</p>	Dr Alison Pickford Consultant Anaesthetist
15/07/18	V5.0	<p>Title changed to Fasting for Adults (including Young Adults Age 16+ years) who require Anaesthesia or Intravenous Sedation Clinical Guideline V5.0 (Separate guidelines for children 0-15 years of age)</p> <p>Reformatting document to align with new Trust clinical guideline template.</p> <p>Addition of flow diagram to illustrate when to use paediatric fasting guideline versus adult guideline</p> <p>Simplification of flow diagram to illustrate advice for fasting adult patients for anaesthesia and intravenous sedation.</p> <p>Removal of sections titled scope, definition and ownership and responsibilities in line with new Trust clinical guideline template</p> <p>1.4 Addition that young adults (age16+ years) admitted to adult wards and should use these guidelines</p> <p>1.5 Addition that on occasions where young adults (age 16+ years) are admitted to paediatric wards the paediatric fasting guidelines should be followed</p> <p>6.1.3 Instructions for all day lists removed (patients now brought in for am/pm lists)</p> <p>6.6 Maximum fasting for fluids removed (covered in instructions for fluids)</p> <p>6.7 All day list good practice advice removed (covered in instructions for fluids)</p> <p>6.8 Patients at increased risk of oesophageal reflux removed</p> <p>6.10 Children requiring anaesthesia or intravenous sedation removed- separate guidelines.</p>	Dr Alison Pickford Consultant Anaesthetist

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

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment Form

<p><i>Name of service, strategy, policy or project (hereafter referred to as policy) to be assessed:</i></p> <p>Fasting for Adults (including Young Adults Age 16+ years) who require Anaesthesia or Intravenous Sedation Clinical Guideline V5.0</p>						
Directorate and service area: Anaesthesia			Is this a new or existing Procedure? Existing			
Name of individual completing assessment: Dr Alison Pickford			Telephone: 01872 258195			
1. Policy Aim*		To ensure accurate fasting information provided for adults (including young adults 16+ years) undergoing anaesthesia or intravenous sedation				
2. Policy Objectives*		To ensure appropriate fasting of adults (16 + years)				
3. Policy – intended Outcomes*		Allow safe anaesthesia and intravenous sedation Ensure patients not over-fasted Allow efficient working in theatres				
4. How will you measure the outcome?		Audit of fasting information provided to adults (including young adults 16+yrs) by surgical pre-assessment and surgical secretaries. Audit of duration of fasting of adults undergoing elective and emergency surgery.				
5. Who is intended to benefit from the Policy?		Adults (including young adults 16+ years) undergoing anaesthesia and intravenous sedation				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		X				
b). Please identify the groups who have been consulted about this procedure.		No change to adult guidelines.  New fasting guidelines for children (0-15yrs) discussed with Anaesthetic Department at April 2018 Governance. Department supports the changes.				
What was the outcome of the consultation?		No consultation required.				

<b>7. The Impact</b> - Please complete the following table.			
Are there concerns that the policy <b>could</b> have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
<b>Age</b>		X	
<b>Sex</b> (male, female, trans-gender / gender reassignment)		X	

<b>Race / Ethnic communities /groups</b>		<b>X</b>	
<b>Disability -</b> Learning disability, physical disability, sensory impairment and mental health problems		<b>X</b>	
<b>Religion / other beliefs</b>		<b>X</b>	
<b>Marriage and civil partnership</b>		<b>X</b>	
<b>Pregnancy and maternity</b>		<b>X</b>	
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>X</b>	
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> <li>• You have ticked “Yes” in any column above and</li> <li>• No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>• Major service redesign or development</li> </ul>			
8. Please indicate if a full equality analysis is recommended.			<b>No</b>
9. If you are not recommending a Full Impact assessment please explain why.			
No negative impact identified.			
Signature of policy developer / lead manager / director Alison Pickford		Date of completion and submission August 2018	
Names and signatures of members carrying out the Screening Assessment	1. Dr Alison Pickford 2. Debby Lewis		

**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,**  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,  
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed: Alison Pickford

Date: August 2018