A Policy for Fasting Patients Who Require Anaesthesia or Intravenous Sedation

V5.0

August 2016
Summary.
Fasting Policy for Patients who require Anaesthesia or Intravenous Sedation

**General Anaesthesia**
(e.g. spinal, epidural, block),

- Morning List - Start 08:30
- Afternoon List - Start 08:30
- All Day List - Start 08:30

No solids after 24:00.
Still water until 06:30 (1 Glass at that time)

**Regional Anaesthesia**
(e.g. spinal, epidural, block),

- Morning List – Start 08:30
- Afternoon List – Start 08:30
- All Day List – Start 08:30

No solids after 24:00.
Still water until 06:30 (1 Glass at that time)

**Intravenous Sedatives**

- Morning List – Start 08:30
- Afternoon List – Start 08:30
- All Day List – Start 08:30

No solids after 24:00.
Still water until 06:30 (1 Glass at that time)

**Local Anaesthesia**

- Morning List – Start 08:30
- Afternoon List – Start 08:30
- All Day List – Start 08:30

No Fasting Required.
- Patient can eat a normal diet.
Ophthalmic Patients

General Anaesthesia or Sedation

- Morning List – Start 08:30
  - No solids after 24:00.
  - Still water until 06:30 (1 Glass at that time)

- Afternoon List – Start 08:30
  - No solids after 07:00.
  - Still water until 11:00 (1 Glass at that time)

Anaesthetist Administered Anxiolysis

- Morning List – Start 08:30
  - No Fasting Required
    - Patient can eat a normal diet.

- Afternoon List – Start 08:30
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1. Introduction

1.1. The aim of pre-operative fasting is to minimise the volume of stomach contents and its acidity. Regurgitation of stomach contents and its subsequent aspiration is an inherent risk during general anaesthesia, regional anaesthesia and sedation, and by planned fasting of patients we can reduce this risk.

1.2. Excessive fasting is unpleasant for patients and should be avoided. It may cause dehydration, electrolyte abnormalities, hypoglycaemia (particularly in children), insulin resistance, headaches, confusion, irritability, anxiety and nausea and vomiting. Prolonged and excessive fasting is therefore to be avoided. For this reason guidance on excessive fasting is also given.

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

2. Purpose of this Policy/Procedure

2.1. Guidelines to enable patients to be appropriately fasted prior to anaesthesia or intravenous sedation, whilst avoiding the problems associated with excessive fasting.

3. Scope

3.1. Guidelines enable patients to be appropriately fasted prior to anaesthesia or intravenous sedation, whilst avoiding the problems associated with excessive fasting. This applies to all patients undergoing general anaesthesia or who may require intravenous sedation.

4. Definitions / Glossary

4.1. Fasting - the planned with-holding of solid food and fluid.

4.2. Clear fluid - a fluid where newsprint is visible through a glass of the liquid. Ownership and Responsibilities.

5. Ownership and Responsibilities

5.1. Pre-assessment staff provide patients with fasting instructions prior to their admission date. Ward nursing staff need knowledge of fasting guidelines in order to prepare patients for theatre. Anaesthetists and other staff providing intravenous sedation must check patients are adequately fasted before proceeding to provide sedation or general anaesthesia.

5.2. Role of the Managers

Line managers are responsible for:

- Ensuring all nursing and medical staff are aware of the policy for fasting.

5.3. Role of the Group/Committee

- N/A

5.4. Role of Individual Staff

All staff members are responsible for:

- All staff are responsible for ensuring that information provided to patients conforms to guidance contained in this policy on fasting.
6. Standards and Practice

6.1. Instructions for patients

6.1.1. **Morning lists.** Patients to be fasted ready for anaesthesia to start at 08.30. No solids after 24.00. Continue drinking still water until 06.30 hours and **have a glass of still water** at that time.

6.1.2. **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 hours and **have a glass of still water** at that time.

6.1.3. **All day lists.** Patients to be fasted ready for anaesthesia at 08.30. No solids after 24.00 hours. Continue drinking still water until 06.30 hours and **have a glass of still water** at that time.

6.2. Minimum fast for solids:

6.2.1. 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).

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

6.2.3. Sweets and chewing gum are viewed as solids and should not be taken for 6 hours prior to the start of an operating list. Where patients have been chewing gum, please see section 6.4 below.

6.2.4. Fasting times for solids for elective lists

   o **Morning lists**- patients to be fasted for anaesthesia to start at 08.30. No solids after midnight.

   o **Afternoon lists**- patients to be fasted for anaesthesia to start at 13.00. Light early breakfast before 07.00 - no solids to be consumed after 07.00.

6.2.5. Example of a light early breakfast

   o A small bowl of cereals (cornflakes, Rice Krispies) with skimmed or semi-skimmed milk or a slice of white toast with honey, jam, marmite.

   o A cup of tea or coffee with semi-skimmed or skimmed milk

   o **No** high fibre cereals such as Weetabix, Muesli, bran, etc; **no** fried food

6.3. Minimum fast for fluids

6.3.1. 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.

6.3.2. A clear fluid can be taken up to 2 hours prior to anaesthesia or sedation. A clear fluid is one where newsprint is visible through a glass of the liquid. Clear fluids include-water, squash, black tea and black coffee (no milk). Clear non-fizzy energy drinks (Nutricia Pre-OP is designed for the purpose but non-fizzy clear isotonic sports drinks are also good.) Patient information leaflets now recommend still water (and not clear fluids) in order to simplify instructions and avoid cancellation of surgery when unacceptable fluids taken.
6.3.3. Drinks must not contain any alcohol, milk, pulp or be fizzy.

6.3.4. Water actually encourages stomach emptying. A small volume of water may be given with the patient’s medication / premedication tablets up to 30 minutes pre-op.

6.3.5. **Fasting times for fluids for elective lists**

- **Morning lists** - patients to be fasted for anaesthesia to start at 08.30. Continue drinking still water fluids until 06.30 hours and **have a glass of still water** at that time.
- **Afternoon List** - patients to be fasted for anaesthesia to start at 13.00. Continue drinking still water until 11.00 hours and **have a glass of still water** at that time.

6.4. Advice to anaesthetists if patients have been chewing gum.

6.4.1. 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.

6.5. Prescribed medication and premedication.

6.5.1. Prescribed medicines and premedication can be taken with a small quantity of water up to 30 minutes before anaesthesia (water encourages stomach emptying and can be given up to 30 minutes pre-op).

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

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

6.6. Maximum fasting time

6.6.1. Patients should be encouraged to drink still water up to 2 hours prior to the anaesthetic start time, and **should have a glass of still water at that time**.

6.6.2. Where patients have been fasted for fluid for longer than 6 hours ward staff should contact the anaesthetist to ask whether it would be acceptable for the patient to 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.

6.7. All day lists – good practice advice

6.7.1. All day lists are an efficient way of organising operating lists but present a challenge when trying to avoid excessive fasting and the discomfort it causes patients.

6.7.2. Patients should be encouraged to drink still water up to 2 hours prior to the anaesthetic start time, and should have a glass of still water at that time.

6.7.3. It is good practice to identify patients who will be going to theatre after 13.00 and arrange for them to be treated as per an afternoon list (i.e. light early breakfast; no solids from 07.00; still water until 11.00).
6.7.4. It is the responsibility of the senior anaesthetist allocated to the operating list (after discussion and agreement with the surgeon) to identify patients who will be having their procedure later in the day and can therefore fasted as for an afternoon list.

6.8. Patient at increased risk of gastro-oesophageal reflux

6.8.1. There are many factors that delay gastric emptying and therefore increase the risk of regurgitation and subsequent aspiration under anaesthesia or sedation. These include obesity, gastrointestinal pathology (e.g. gastro-oesophageal reflux, hiatus hernia, dyspepsia, tumour), renal failure, diabetes mellitus, anxiety, trauma, neurological deficits, pregnancy, opiate medication, sepsis.

6.8.2. Where the anaesthetist recognises an increased risk of gastro-oesophageal reflux steps should be taken to increase the gastric pH by prescribing antacids, H2 antagonists or proton pump inhibitors.


6.9.1. Where it is possible or advisable to delay surgery to allow resuscitation the normal guidelines should be followed - no solids to be consumed for 6 hours prior to anaesthesia, still water may be taken up to 2 hours prior to anaesthesia.

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

6.9.3. Prolonged periods of fasting should be avoided as in elective cases. This may necessitate the provision of maintenance intravenous fluids where patients have not received oral fluids for more than 6 hours.

6.10. Children requiring anaesthesia or intravenous sedation

6.10.1. Where possible children should be anaesthetised on dedicated paediatric lists. Where this is not the case children should be scheduled at the start of lists and in age order (youngest first).

6.10.2. **Fasting information for babies and children**
   - No solids, formula milk or cow’s milk for 6 hours prior to anaesthesia.
   - No breast milk for 4 hours prior to anaesthesia.
   - Clear fluids (still water or dilute squash) may be given up to 2 hours before anaesthesia.

6.11. Women in labour

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

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

6.11.3. 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.

6.11.4. Elective LSCS - fasted as per the normal guidelines.
   - No solids to be consumed for 6 hours prior to anaesthesia, still water may be taken up to 2 hours prior to anaesthesia.
6.12. Patients requiring Regional Anaesthesia only

6.12.1. These patients should be fasted as for general anaesthesia as they may require sedation or a general anaesthetic. Examples of regional anaesthesia: spinal, epidural, peribulbar block.

6.13. Patients requiring Local Anaesthesia only

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

6.14. Use of Intravenous Sedatives

6.14.1. Patients who require intravenous sedation should be fasted pre-operatively in accordance with the above guidelines.

6.15. Patients for ophthalmic procedures who require anxiolysis.

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

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.

7. Dissemination and Implementation

7.1. Fasting guidelines will be located on the document library.

- Pre-operative anaesthetic clinics provide information for patients in line with this policy.
- Fasting information contained in letters to patients must conform to this policy

7.2. No staff training required as there is no change to fasting guidance for patients undergoing anaesthesia or intravenous sedation

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>1. Fasting information provided in surgical pre-assessment clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Fasting information provided in letters sent to patients</td>
</tr>
<tr>
<td></td>
<td>3. Duration of fasting of patients attending for elective surgery</td>
</tr>
<tr>
<td></td>
<td>4. Duration of fasting of patients attending for emergency surgery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead</th>
<th>Dr Alison Pickford, Consultant Anaesthetist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool</td>
<td>Audit of the above elements.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Audit of each element biannually.</td>
</tr>
</tbody>
</table>

| 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 identified |
|                          | Actions to be undertaken and completed within 6 months           |
| Change in                | Required changes to practice will be identified and action taken |
practice and lessons to be shared 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.

9. Updating and Review
9.1. Review in December 2018 Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

10. Equality and Diversity
10.1. 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.

10.2. Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.3. Equality Impact Assessment
10.3.1. The Initial Equality Impact Assessment Screening Form can be seen at Appendix 1.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>A policy for fasting patients who require anaesthesia or intravenous sedation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>August 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>3 August 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>3 August 2019</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Dr Alison Pickford, Consultant Anaesthetist</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 258195</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Fasting guidance for patients undergoing anaesthesia or intravenous sedation</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Fasting, anaesthesia</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>3 August 2016</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>A policy for fasting patients who require anaesthesia or intravenous sedation.</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Anaesthetic Department</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes:</td>
<td>Duncan Bliss</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories:</td>
<td>Not Required.</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet ☑ Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Anaesthesia</td>
</tr>
</tbody>
</table>
| Links to key external standards | Association of Anaesthetists of Great Britain and Ireland  
Royal College of Nursing |
Related Documents:

Reference and Associated documents
Pre-operative Assessment and Patient Preparation - The role of the Anaesthetist 2 (2010).
Association of Anaesthetists of Great Britain and Ireland.


Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/11/10</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Dr Alison Pickford Consultant anaesthetist</td>
</tr>
</tbody>
</table>
| 9/1/13   | V2.0       | 1. Instructions for patients moved to front to allow staff to find information more easily.
2. Advice to anaesthetist if patients have been chewing gum moved from minimal fast for fluids to paragraph on its own.
3. Reformatted to align with format of Document Manager Upload Form
4. Addition of monitoring compliance table to align with format of Document Manager Upload Form
5. Governance information moved to an appendix and amended to align with format of Document Manager Upload Form
6. EIA updated
No change to fasting instructions or advice contained within document | Dr Alison Pickford Consultant anaesthetist |
| 5/1/16   | V3.0       | 6.1 Instructions for patients: “drink still water” replaces “drink clear fluid”.
6.3.1 Minimal fast for fluid: “still water” replaces “clear fluid”. Explanation that patient advice now simplified.
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
6.3.3 Addition that fluid must not contain alcohol.
6.3.5 “Still water” replaces “clear fluid”.
6.6 “Still water” replaces “clear fluid”.
6.7 “Still water” replaces “clear fluid”.
6.9 “Still water” replaces “clear fluid”.
6.10.2 Fasting information for babies and children. Addition “no cows milk for 6 hours before anaesthesia”.
Addition “still water or dilute squash”.
6.11.4 “Still water” replaces “clear fluid”.
1. Addition that patients must not drink alcohol prior to anaesthesia or sedation. | Dr Alison Pickford Consultant Anaesthetist |
Addition of 6.15. Instruction for patients for ophthalmic procedures.

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

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.

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

<table>
<thead>
<tr>
<th>Name of service, strategy, policy or project (hereafter referred to as <strong>policy</strong>) to be assessed: A policy for fasting patients who require anaesthesia or intravenous sedation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: Anaesthesia</td>
</tr>
<tr>
<td>Name of individual completing assessment: Dr Alison Pickford</td>
</tr>
</tbody>
</table>

#### 1. Policy Aim*
To ensure accurate fasting information provided for patients undergoing anaesthesia or intravenous sedation

#### 2. Policy Objectives*
To ensure appropriate fasting of patients

#### 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 patients by surgical pre-assessment and surgical secretaries. Audit of duration of fasting of patients undergoing elective and emergency surgery.

#### 5. Who is intended to benefit from the Policy?
Patients undergoing anaesthesia and intravenous sedation

#### 6a. Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?

| b. If yes, have these groups been consulted? |
| c. Please list any groups who have been consulted about this procedure. |

No. Discussed and agreed by Anaesthetic Department
Advice to patients simplified from to “still water”. No significant changes from previous guidance contained within " A Policy for Fasting Patients Who Require Anaesthesia or Intravenous Sedation. V2. January 2013."

Simplification of instructions for patients discussed with Anaesthetic Department at October Governance in light of repeated cancellations of surgery when non-clear fluids consumed by patients. Department supports the changes.

Anaesthetic Department

#### 7. The Impact - Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, transgender / gender reassignment)</td>
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</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
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</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
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<td>Religion / other beliefs</td>
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<td>Marriage and civil partnership</td>
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<tr>
<td>Pregnancy and maternity</td>
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<td></td>
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</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
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</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | No |

9. If you are not recommending a Full Impact assessment please explain why.

No negative impact identified.

Signature of policy developer / lead manager / director | Date of completion and submission

Names and signatures of members carrying out the Screening Assessment | 1. Dr Alison Pickford
| 2 |

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: Dr Alison Pickford

Date: 05.01.16