**Title: PREOPERATIVE FASTING FOR ELECTIVE SURGERY**

**Target Audience:**
Physicians, Physician Assistants, Nurse Practitioners and Nurses impacted by the protocol.

**Rationale:**
Preoperative fasting is important for reducing the risk of pulmonary aspiration during or immediately following surgical procedures. Standard guidelines used throughout MultiCare will improve communication among clinicians along with patient education and ultimately compliance. In addition, evidence supports decreasing the fasting period, which results in increased patient satisfaction, avoidance of delays and cancellations, and decreased risk of dehydration or hypoglycemia during and post operatively.

**Scope/Patient Population:**
Adult and pediatric patients undergoing an elective procedure requiring anesthesia at a MultiCare facility. This Guideline may not apply to, or may need to be modified for patients with coexisting diseases or conditions that can affect gastric emptying such as gastroparesis. This guideline does not apply to individuals who are inpatient prior to surgery.

**Objective**
1. Improve patient satisfaction by implementing easy to follow preoperative fasting guidelines that are easy to follow and minimize the time period required for pre-operative fasting.
2. Improve patient outcomes decreased risk of dehydration or hypoglycemia from prolonged fasting and the minimization of perioperative morbidity
3. Reduce system costs by avoiding procedure delays or cancellations which may occur when patients are not compliant with preoperative fasting instructions.

**Definitions**

Clear Liquids\(^3\): Examples include, but are not limited to, water, fruit juices without pulp, carbonated beverages, sports drinks like Gatorade/Powerade, broth, jello, tea and black coffee. These liquids cannot include alcohol.

Light Meal\(^4\): Excludes any fatty foods and should be limited in amount. An ideal example would be dry toast with clear liquids.
Recommendations:

<table>
<thead>
<tr>
<th>Ingested Material: Definitions Listed Above&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Hours Before Scheduled Arrival at Hospital or Ambulatory Surgery Center Patients May Have These&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing by mouth</td>
<td>Less Than 2 hours</td>
</tr>
<tr>
<td>Clear liquids&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Up to 2 hours</td>
</tr>
<tr>
<td>Breast milk</td>
<td>Up to 2 hours</td>
</tr>
<tr>
<td>Infant formula</td>
<td>Up to 6 hours</td>
</tr>
<tr>
<td>Nonhuman milk</td>
<td>Up to 6 hours</td>
</tr>
<tr>
<td>Light meal&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Up to 6 hours</td>
</tr>
<tr>
<td>Meals that include fatty foods</td>
<td>Up to 8 hours</td>
</tr>
</tbody>
</table>

<sup>2</sup>Note: Hours denote time before scheduled arrival at hospital or ambulatory surgery center, not actual scheduled time of surgery.

Evidence:

In March 2011, the American Society of Anesthesiologists Committee on Standards and Practice Parameters, released the following report:

1. [Reference Document](#); Anesthesiology 114:3 (495 – 511), 2011
2. [AHRQ National Guideline](#) Published Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures.

List of Implementation Items and Patient Education:

- Clinical Pathway [Page 4](#)
- Patient Education Materials linked as a downloadable PDF in the Patient Education Icon in the [MultiCare Guidelines website](#).

Metrics Plan:

Monitor frequency of surgery delays or cancellations due to the failure to follow these NPO guidelines.

PDCA Plan:

Review annually by the Surgery Collaborative.

Point of Contact: Surgery Collaborative (Surgery Collaborative Chair)
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Approval By:
Collaborative (Surgery)
Anesthesia Committee MHS
Medical Staff Committee(ies)
Quality Steering Council

Date of Approval:
11/20/2014
1/14/2015
Between 1/20/2015 and 2/20/2015
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Distribution: MHS Extranet MHS Guidelines Care Pathways
Inclusion Criteria:
All patients undergoing an elective procedure under anesthesia

Exclusion Criteria:
Emergency procedures
Procedures without anesthesia, Diabetics\(^5\), or those diagnosed with Gastric emptying disorders
Individuals inpatient prior to surgery

Patient meets inclusion criteria

8+ Hours Prior to Scheduled Arrival at Hospital/Ambulatory Surgery Center
Patient should STOP their regular diet and BEGIN the path below, eating or drinking ONLY the items listed by time

6-8 Hours Prior to Scheduled Arrival at Hospital/Ambulatory Surgery Center
- Light meal\(^4\)
- Clear liquids\(^3\)
- Breast milk
- Infant formula
- Nonhuman milk

2-6 Hours Prior to Scheduled Arrival at Hospital/Ambulatory Surgery Center
- Clear liquids\(^3\)
- Breast milk

2-4 Hours Prior to Scheduled Arrival at Hospital/ Ambulatory Surgery Center
NO solids or liquids

Definitions

\(^3\)Clear Liquids: Examples include, but are not limited to, water, fruit juices without pulp, carbonated beverages, Sports drinks like Gatorade/Powerade, broth, jello, tea and black coffee. These liquids can not include alcohol.

\(^4\)Light Meal: Excludes any fatty foods and should be limited in amount. An ideal example would be dry toast with clear liquids.

Notes

\(^5\)Recommendation from anesthesia is required for high-risk diabetic patients

Clinical Guideline

Preoperative Fasting for Elective Surgery