

Pre Op Fasting (PIP)

Key Document code:	WAHT-TP-054	
Key Documents Owner:	Dr Shinwari	Consultant Paediatrician
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	9 th February 2024	
Date of review: This is the most current document and should be used until a revised version is in place	9 th February 2027	

Key Amendments

Date	Amendment	Approved by
9 th Feb 24	Agreed changes with Dr Hutchinson	Paediatric Guideline Review

The following guidance is taken from the Partners In Paediatrics (PIP)

Pre-operative fasting 2018–20

PRE-OPERATIVE FASTING

PRINCIPLES

- Do not fast patients for longer than necessary for their safety under general anaesthesia
- Do not deny fluids for excessively long periods; allow patients to drink within these guidelines
- Use theatre time efficiently

Ideally give all children (especially those aged <2 yr) clear fluids up to 2 hr pre-operatively. Liaise closely with theatre to discover approximate time of patient's operation

POLICY

- Solid food and milk (including formula) up to 6 hr before elective surgery
- Breast milk up to 4 hr before elective surgery
- Encourage patients to take clear oral fluids up to 2 hr before elective surgery. Thereafter, sips of water may be taken to enable tablets to be swallowed
- clear fluids do **not** include fizzy drinks

PROCEDURE

All children aged ≥ 1 yr

MORNING OPERATING LISTS

- No solid food after midnight
- Water or diluted squash to finish before 0630 hr

AFTERNOON OPERATING LISTS

- Light breakfast (including toast, or small bowl of cereal), to finish before 0700 hr
- Water or diluted squash to finish before 1100 hr

INFANTS/CHILDREN AGED <1 YR

MORNING OPERATING LISTS

- Last formula milk feed before 0230 hr
- Last breast milk feed before 0430 hr
- Water or diluted squash to finish before 0630 hr

AFTERNOON OPERATING LISTS

- Last formula milk feed before 0700 hr
- Last breast milk feed before 0900 hr
- Water or diluted squash to finish before 1100 hr

Nursing and medical staff should ensure all children are encouraged to drink clear fluids (e.g. water or diluted squash) until 2 hr before anaesthesia/surgery

- *When changing the route of administration of a drug care should be taken to ensure that the appropriate dose and frequency is prescribed, as these may not be the same as for the oral route. Please check with the ward pharmacist, anaesthetist Medicines Information (extension 45776) or the on-call pharmacist (available via switchboard).*
- *Paediatric Patients are at risk of aspirating their stomach contents during general anaesthesia. Therefore minimum fasting periods for scheduled surgery are:*
- *6 Hours for solid food*
- *2 Hours for water, dilute squash or tea/coffee with a small amount of milk*
- *Elective cases who are low risk for regurgitation can be advised to sip till send. This enables patients to sip one cup of water per hour while NBM. (further details are in the Trust Policy – Pre-operative Fasting for Elective Surgery Guidelines).*

See appendices for patient information

- *Paediatric patients who are low risk for regurgitation (i.e. no GORD, achalasia or enteropathy) can be advised to follow the below fasting periods for elective surgery:*
- *6 hours for solid food or infant formula*
- *4 hours for breast milk*
- *1 hour for clear fluids (water or dilute squash). Children should be encouraged to sip drinks rather than gulp them all at once.*
- *Ideally required prescribed medicines should be taken up to two hours before surgery. However, as water leaves the stomach quickly, a small amount (30ml) of water to take oral medicines is permitted.*
- *Patients who have chewed gum pre-operatively should not have their surgery/procedure cancelled for this reason.*
- *There are a few significant interactions between drugs used during surgery and routine medications that require the drugs not to be administered concurrently. The anaesthetist will usually manage this, by their choice of anaesthetic technique but the advice given in this document will help limit potential problems*
- *This guideline is intended to provide advice on therapy that should be continued or discontinued for patients who are 'nil by mouth' It is NOT intended to provide advice regarding the alteration to the preparation, formulation or alternative medicine for specific therapies. For this information, please contact your ward pharmacist or Medicines Information (Mon-Friday 9am to 5pm) on extension 45776*

Adjustment to routine medication during the peri-operative period

Routine medicines should wherever possible, be reviewed prior to surgery for:

1. *Medicines that should be continued throughout the peri-operative period to prevent relapse of the treated condition or to avoid the effects of drug withdrawal.*
2. *Medicines that should be withheld before surgery to reduce the risks that they may impose upon the procedure.*

Pre-operative assessment registered nursing staff may use this guideline to advise patients on medicines use but must refer specific cases to the surgeon and or anaesthetist for advice if they are