

Draft medical directive for preoperative fasting for surgical patients

NOTE: This was developed by the Best Practice in Surgery to assist you in developing a medical directive at your hospital

1. Description of procedure/intervention

Standardize the preoperative fasting duration for patients undergoing elective surgical procedures to align with best evidence.

2. Patient population

All patients undergoing elective surgical procedures under general anaesthesia. Patients with comorbidities which make them prone to pulmonary aspiration including gastroesophageal reflux disease, dysphagia symptoms or other gastrointestinal motility disorders should be assessed individually. Similarly, patients having emergency surgery should be assessed individually with the risk of aspiration balanced against the risk in delay of surgery.

3. Indications

All patients undergoing elective surgical procedures under general anaesthesia

4. Contraindications

Patients with comorbidities which make them prone to pulmonary aspiration including gastroesophageal reflux disease, dysphagia symptoms or other gastrointestinal motility disorders should be assessed individually. Similarly, patients having emergency surgery should be assessed individually with the risk of aspiration balanced against the risk in delay of surgery.

5. Authorized to

Anaesthesiologists, surgeons, residents, nurses and individuals who provide pre-operative education including surgical secretaries and nurses in the Pre Admission Unit

6. Authorized from

Head of Surgery and Head of Anesthesia

Medical directive	Indication	Guidelines
<p>Patients should be assessed for gastroesophageal reflux disease, dysphagia symptoms, or other gastrointestinal motility disorders preoperatively as they may require individual recommendations for perioperative fasting</p>	<p>All patients undergoing elective surgical procedures under general anaesthesia</p>	
<p>Patients can drink clear fluids up to 2 hours before anesthesia administration</p>	<ul style="list-style-type: none"> ▪ All patients undergoing elective surgical procedures under general anaesthesia. ▪ Patients with comorbidities which make them prone to pulmonary aspiration including gastroesophageal reflux disease, dysphagia symptoms or other gastrointestinal motility disorders should be assessed individually. 	<ul style="list-style-type: none"> ▪ Clear fluids include but are not limited to water, pulp-free juice, clear tea, black coffee, carbonated beverages, and clear carbohydrate-rich drinks ▪ Milk in tea and coffee is considered a solid since amount and possibility of curdling are difficult to control. Therefore, the fasting time should be similar to that after ingesting a meal
<p>Patients can consume breast milk up to 4 hours prior to anesthesia administration</p>	<ul style="list-style-type: none"> ▪ Similarly, patients having emergency surgery should be assessed individually with the risk of aspiration balanced against the risk in delay of surgery. 	
<p>Patients can consume solid foods until midnight the night before surgery</p>		
<p>The routine use of antiemetics, antacids, H2 blockers and gastric stimulants are not recommended</p>	<p>All patients undergoing elective surgical procedures under general anaesthesia</p>	<ul style="list-style-type: none"> ▪ These medications should be considered when GI motility is impaired or patients are not NPO but require an urgent surgical intervention