

Trust Policy for the Management of Pre-operative Food, Drink and Oral Medications in Paediatric Patients Prior to Surgery

A clinical guideline recommended for use

For Use in:	All clinical areas
By:	Nursing and medical staff
For:	Paediatric patients awaiting surgical intervention
Division responsible for document:	Surgical Division
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If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	N/A

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Quick reference guidelines

This policy applies to all paediatric patients (i.e under the age of 18 on the day of surgery) having general anaesthesia, regional anaesthesia or sedation techniques.

Drinks

The National Guidelines for pre-operative fluid fasting in paediatric patients have recently changed. Clear oral fluids should be actively encouraged (in whatever quantities the patient wants) up to one hour prior to surgery. This should be considered mandatory in the very young patient, those in hot environments and those who are pyrexial. The only exception should be the patient that is on fluid restriction which should be adhered to. After this time, 'free' clear oral fluids should be stopped and/or withdrawn. Given that the list order is sometimes changed, this effectively means from 7 am for patients having morning surgery and from midday for those having afternoon surgery.

Drinks that are **not allowed** are:

- Milk (not even a small 'dash' in tea or coffee)...see below
- Fizzy drinks
- Thickened drinks or smoothies

Diabetic patients should avoid drinks with a high sugar and/or glucose content.

After the one hour deadline for 'free fluids' and right up to the time of surgery, a nurse may still give the patient 30mls of still water. This may be either for patient comfort (should the patient spontaneously request it) or to allow the swallowing of any prescribed medications that were not able to be taken before the two hour 'free clear oral fluids' deadline (See below). **The maximum allowed for all children is strictly 30mls in any given hour.** This concession must not be taken as allowing the patient free access to water, as exceeding 30mls per hour of water so close to surgery would delay or even cancel their operation.

Food

No food of any sort must be consumed by the patient in the six hours prior to their surgery. Given that the list order is sometimes changed, this effectively means from midnight for patients having morning surgery and from 7 am for those having afternoon surgery

This includes boiled sweets, mints and chewing gum. All are considered a 'food' for the purposes of pre-operative fasting.

Ideally, the last meal consumed should not contain fatty or fried foods. However, staff may not be able to influence this.

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Milk (Considered a food)

Cows Milk, Babies Formula Milk and Soya, Oat and Coconut Milks (in any quantity) are unfortunately considered a 'food' for the purposes of pre-operative fasting. Therefore, the strict six hour rule applies.

Breast Milk is considered an exception and breast feeding should be actively encouraged up to four hours prior to elective surgery.

Oral Medications

Unless specifically instructed and clearly documented to do otherwise (ie in the medical notes and/or prescription chart), patients should be encouraged to take all their regular morning or afternoon prescription medicines before the one hour deadline for 'free oral fluids'. This may mean taking their medication at a slightly earlier time than usual.

Please note the 'drinks' section above when facilitating the administration of all medications

If medication has been cancelled by a doctor, they must document this clearly on the prescription chart and sign and date the instruction. Nursing staff should likewise clearly document the time and origin of any verbal instructions to omit a patient's usual prescription medicines.

Instructions with regard to diabetic patients taking oral hypoglycaemic agents have been recently updated to include specific instructions on each drug. The Trust Guidelines should be followed 'Trust Guideline for the Management of Children with diabetes undergoing Surgery/Anaesthesia' (CA1010 V3) and 'Management of adults with diabetes undergoing surgery and elective procedures' (April 2011) available via Trust Intranet.

Failure to follow these guidelines will mean that the patient's operation will not go ahead as scheduled

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Objectives

- The purpose of fasting policy for patients undergoing elective surgery is to minimise the volume of gastric contents while avoiding unnecessary thirst and dehydration (Maltby, 2000).
- To ensure that Registered Nurses are aware of the Trust's standards for the administration of pre-operative oral medication.

Rationale

The original policy was written following reported incidences around patients' scheduled operations being cancelled due to non-adherence to current fasting rules, and evidence of widespread inequalities in the prescription and administration of regular medications in the peri-operative period,

This review makes limited changes and conforms to the "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: An Updated Report by the American Society of Anesthesiologists Committee on Standards and Practice Parameters". *Anesthesiology*: March 2011.

Many patients undergoing elective surgery will also be taking therapeutic drugs for concurrent diseases. Many of these medicines can be continued right through the peri-operative period, with the last dose taken, with a sip of water, up to two hours prior to the procedure and then resumed on recovery (*Drug and Therapeutics Bulletin*, 1999).

The consequences of continuing or withdrawing drugs peri-operatively needs to be carefully considered. Therefore, pre-operative assessment by medical staff is essential to gain information, in order for decisions and these issues to be made in advance of surgery (*Drug and Therapeutics Bulletin*, 1999).

Clinical Audit Standards

To ensure that this policy is compliant with the above standards, the following monitoring processes will be undertaken:

- Yearly audit to ensure that fasting times are being adhered to in patients awaiting surgical intervention using ORSOS.
- Yearly audit to ensure that oral medication is being administered, where prescribed, according to the policy in patients awaiting surgical intervention.

The audit results will be sent to Dr. Philip Hodgson, Consultant Anaesthetist who will ensure that these are discussed at relevant governance meetings to review the results and make recommendations for further action.

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Summary of development and consultation process undertaken before registration and dissemination

This policy was drafted by author listed above on behalf of the Anaesthetic Division and Practice Development and Education Department, who have agreed the final content. The original version was written by Teresa Knowles, Assistant Director of Nursing.

During its development it has been circulated for comment to: All Anaesthetists employed by the Norfolk and Norwich University Hospitals NHS Foundation Trust, all clinical areas, all Consultant Surgeons, and nursing staff. Any comments received have been addressed and, where appropriate, incorporated within the document.

This version has been agreed by Dr Philip Hodgson, Consultant Anaesthetist and approved by the Professional, Protocols, Policies and Guidelines Committee.

Distribution list/dissemination method

Anaesthetic Division
Consultant Surgeons
Clinical Guidelines folders
Trust Nursing Policies and Guidelines folders
All clinical areas
Intranet

References/source documents

Consensus statement on clear fluids fasting for elective pediatric general anesthesia M Thomas C Morrison, R Newton E Schindler. *Pediatric Anesthesia*. 28: 5. May 2018

"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: An Updated Report by the American Society of Anesthesiologists Committee on Standards and Practice Parameters".

Anesthesiology: March 2011 - Volume 114 - Issue 3 - pp 495-511

Drug and therapeutics Bulletin (1999) Drugs in the Peri-Operative Period: 4 – Cardiovascular Drugs 37, 12, 89-92. Which? London.