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

A clinical guideline recommended for use

For Use in:	All clinical areas
By:	Nursing and medical staff
For:	Adult patients awaiting surgical intervention
Division responsible for document:	Surgical Division
Key words:	Preoperative preparation, fasting, premedication, nil by mouth
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Assessed and approved by the:	Clinical Guidelines Assessment Panel (CGAP) If approved by committee or Governance Lead Chair's Action; tick here ✓
Date of approval:	18th August 2022
Ratified by or reported as approved to (if applicable)**:**	Clinical Safety and Effectiveness Sub-Board
To be reviewed before: This document remains current after this date but will be under review	18th August 2025
To be reviewed by:	Dr Philip Hodgson (NNUH)
Reference and / or Trust Docs ID No:	1076
Version No:	4
Description of changes:	The removal of paediatric guidance which is now a separate guideline Id:16058
Compliance links: *(is there any NICE related to guidance)*	No
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	N/A

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

1. Quick reference guidelines

This policy applies to all adult patients having general anaesthesia, regional anaesthesia or sedation techniques.

1.1 Drinks

Clear oral fluids should be actively encouraged (in whatever quantities the patient wants) up to two hours prior to surgery. This should be considered mandatory in the very old and/or frail 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 6 am for patients having morning surgery and from 11am 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
- Alcohol
- Pulp containing fruit juices or smoothies.

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

After the two hour deadline for 'free fluids' and right up to the time of surgery, a nurse should still give the patient 30mls of still water every hour and encourage them to 'sip until sent for'. 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 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.

1.2 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.

1.3 Milk

Cows milk and other types of milk such as soya, oat and coconut (in any quantity) are

unfortunately considered a 'food' for the purposes of pre-operative fasting. Therefore, the strict six hour rule applies.

1.4 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 <u>all</u> their regular morning or afternoon prescription medicines before the two 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 Guideline should be followed 'Management of adults with diabetes undergoing surgery and elective procedures' Trustdocs Id:1276

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

2. 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.

3. 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).

4. 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.

5. 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.

6. Distribution list/dissemination method

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

7. References/source documents

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

ESA/EJA/ AAGBI guides. 2011. European Journal of Anaesthesiology: Aug 2011:28. 8. 556-569

ASA Consensus Guidelines. Anesthesiology March 2017, Vol. 126, 376–393

NICE guideline NG180. (Adults) August 2020 (BADS)

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