

**Freedom of Information Act Disclosure log
- Reply Extract**

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Key words	Adult Elective Patient Pre-Operative Nil by Mouth Guideline
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Attachments	Yes

You asked

Please would it be possible for you to share a copy of your trusts adult elective patient pre-operative nil by mouth (or fasting or fluids and feeding) guideline.

Our reply:

Please refer to the attachment.

Attachments included: Yes

Guidance on pre-operative Fasting

(Adults)

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Revised October 2018
Approved by: (Service Line Lead in Anaesthesia)

Pre-operative Fasting Guidelines for Adults

Please note: there are special guidelines and a separate patient leaflet for diabetic patients.

Elective Surgery

In the absence of specific instructions from the anaesthetist, the following apply:

Morning Lists

Last food before 02.30 . Encouraged to drink up to **100 mls per hour of water** until 2 hrs before the expected time of operation. Thereafter sips of water up to 100 mls per hour drunk gradually until called for by theatre.

Afternoon Lists

Last food before 07.30 . Encouraged to drink up to **100 mls per hour of water** until 2 hrs before the expected time of operation. Thereafter sips of water up to 100 mls per hour drunk gradually until called for by theatre.

All-day Lists Last food before 02.30.

Encouraged to drink up to **100 mls per hour of water** until 2 hrs before the expected time of operation. Thereafter sips of water up to 100 mls per hour drunk gradually until called for by theatre

For patients who are not expected to come to theatre before 15.00 the anaesthetist will give specific oral intake instructions before start of the list.

Evening lists

Last food or milk before 12.00, Encouraged to drink up to **100 mls per hour of water** until 2 hrs before the expected time of operation. Thereafter sips of water up to 100 mls per hour drunk gradually until called for by theatre

We positively encourage the intake of water, although other clear fluids such as black tea or black coffee are equally acceptable.

However, in the light of emerging evidence that small amounts of milk taken together with clear fluids do not substantially increase gastric fluid volume, we will not normally regard tea or coffee *with milk*, taken up to two hours before planned induction as a reason to delay/postpone anaesthesia and surgery.

Patients for major colorectal surgery will be given oligo-carbohydrate drinks until two hours before surgery.

Emergency Surgery

The above does not apply, and patients should be 'nil by mouth'; patients should have an appropriate i.v. infusion. The decision to anaesthetize a patient with a (potentially) full stomach will be based on the balance of the risk of a full stomach, and that of delaying surgery.

NB:

Diabetic patients should be first on the list. Follow the policy for diabetic patients!

Children are treated on dedicated paediatric lists. See separate guidance for children.

Routine medication should be administered as usual, with the exceptions of

- Antidiabetic drugs (follow the policy for diabetic patients!)
- MAO inhibitors (e.g. selegiline, moclobemide, Phenelzine, Tranylcypromine)
- When instructed differently by the anaesthetist.