

+ SECTION 3 PRE-OPERATIVE CARE

POLICY CM 3.5	FASTING AND MEDICATION PROTOCOL
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AIM/OUTCOME: To provide a patient focused quality healthcare service by ensuring that patients have fasted and taken medications appropriately prior to their procedure. The facility strives to provide a safe and risk free patient episode of care.

REFERS TO: Clinical Nursing Staff
Administration Staff

POLICY:

FASTING TIMES VARY ACCORDING TO THE CREDENTIALLED MEDICAL PRACTITIONERS PROTOCOL.

ADULTS

- Limited solid food may be taken up to 6 hours prior to the procedure.
- If the patient is scheduled on a morning list, then they should have nothing to eat or drink after midnight.
- If the operation is in the afternoon, breakfast should be eaten before 7am or staggered as appropriate aligned to fasting and admission times.
- Clear fluids may be allowed up to two hours prior to the time the procedure is scheduled.
- Clear fluids are regarded as water, pulp free fruit juice, clear cordial, black tea and coffee. It excludes particulate or milk based drinks.
- Patients may drink up to 200ml per hour of clear fluids prior to the commencement of the fasting time.
- Patients may not be required to fast prior to surgery, dependant on procedure, surgeon and/or anaesthetist.

CHILDREN (FOR GENERAL ANAESTHESIA 0 – 16 YEARS)

May have before arrival time:

- Solids and formula up until 6 hours.
- Breast milk up until 6 hours.
- Clear fluids up until 1 hour.
- Clear fluids are regarded as water, pulp free fruit juice, clear cordial, black tea and coffee. It excludes particulate or milk based drinks.
- Studies and audits have shown that children are consistently fasted too long. Children must drink/eat according to the fasting guidelines to avoid dehydration.
- Parents must be advised on the pre-operative phone call that their child should be given clear fluids 1 hour prior to the proposed arrival time in the following volume:
 - 3mls/kg up to a maximum of 150mls
- The above guidelines relate to surgical starting times but have been adopted for arrival times to ensure consistency of information to parents.
- In relation to clear fluids. Nursing staff should assess the surgical start time upon arrival of the child and if there is a delay, clear fluids should be offered

up until 1 hour prior to the procedure in the above volume, after checking with the appropriate anaesthetist.

MEDICATIONS

- Regular medications are to be taken in the morning before the procedure with a sip of water
- Diabetics
 - Undergoing a morning procedure should have a late supper and omit insulin or diabetic tablets on the day of the procedure, or follow specific instructions from their GP or endocrinologist dependant on type of medication prescribed.
 - Undergoing an afternoon procedure should take half their normal dose of insulin in the morning or omit diabetic tablets and have an early breakfast, then follow the above fasting instructions, or specific instructions from their GP or endocrinologist dependant on type of medication prescribed.
- Patients should bring their insulin and medication with them to the facility
- Diuretics are not taken on morning of procedure
- If taking Diamox tablets, follow ophthalmic surgeon's instructions
- If using preoperative Eye drops, follow ophthalmic surgeon's instructions
- ENT patients may be asked to take Panadol prior to admission.

REFERENCES:

1. NSW Private Health Facilities Regulation 2017
2. ANZCA PS 07 (2021) 'Guidelines on Pre-Anaesthesia Consultation and Patient Preparation'
3. Private Patients Hospital Charter
4. Australian Day Surgery Nurses Association 'Best Practice Guidelines for Ambulatory Surgery & Procedures' 2009
5. Society for Paediatric Anaesthesia in New Zealand and Australia (SPANZA) Guidelines (August 2018).
European Journal of Anaesthesia (2019), Vol. 36. *Clear Fluids Fasting For Elective Paediatric Anaesthesia*
6. Paediatric Anaesthesia (2018), Vol. 1-4. *Consensus Statement on Clear Fluids Fasting for Elective Paediatric General Anaesthesia*
7. CHW Guideline Document – 'Fasting Guideline for Children Having Anaesthesia' 2021 update v3.

RATIFIED BY:	Quality Review Committee	MAAC
DATE:	Nov 2021	Nov 2021
REVIEW DUE:	Oct 2022	
PREVIOUS REVIEW:	2004, 2009, 2011, 2014, 2019, 2020	

DATE	POLICY CHANGES
Nov 2021	<ul style="list-style-type: none"> • Children section revised against ANZCA PS07 & CHW Guidelines with breast milk 6 hrs pre-arrival and clear fluids 1 hour pre-arrival 3ml/kg up to 150mls
Nov 2020	<ul style="list-style-type: none"> • Reviewed no changes

31 May 2019	<ul style="list-style-type: none"> • Update of policy to specify children may have solids / formula up to six hours before arrival time. (Formula separated from breast milk specification and included with solids. • Update of policy reference to NSW Private Health Facilities Regulation 2017.
May 2019	<ul style="list-style-type: none"> • Updated paediatric fasting guidelines following adoption of SPANZA of latest guidelines in relation to clear fluids up to 1 hour prior to surgical start time. • Parents <u>should</u> be advised to provide clear fluids 1 hours prior to surgery start time with specific volumes. • Breast milk changed from 6 to 4 hours.
March 2017	<ul style="list-style-type: none"> • Update fasting instructions for adults and children. Consistent with ANZCA PS07
December 2015	<ul style="list-style-type: none"> • Update to CMP • Update with ENT information