

**ABINGTON SURGICAL CENTER**

Adopted: 5/89  
Revised: 2/96, 2/03, 2/04, 4/06, 3/09, 5/11,  
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**PREOPERATIVE FASTING**

**POLICY:**

This policy applies to patients who are scheduled to receive general, spinal, sedation or monitored anesthesia care (MAC); it does not apply to patients scheduled for straight local anesthesia.

**A. Adults**

1. Heavy meals are permitted up to **8 hours** prior to surgery.
2. Light meals are **permitted 6 hours** prior to the procedure. This includes toast and clear juices.
3. **No chewing gum on the day of surgery is permitted**
4. Clear liquids (i.e., water, apple juice, tea, black coffee, **no milk, cream or orange juice**) are permitted up to **two hours** before the arrival at the Center.
5. If the time of surgery is moved ahead of schedule, anesthesia may proceed only at the discretion of the anesthesiologist.
6. Prescribed morning medications are permitted with a sip of water until 1 ½ hours pre-op. Hold ACE inhibitors and Angiotensin II receptor blockers on day of surgery

**B. Adult Diabetic Policy**

1. **Same guidelines as Adult Fasting (stated above).**
2. Patients are to follow primary doctor’s instructions on dosing of insulin.

**C. Children**

1. Light meal of toast, milk or infant formula up to 6 hours prior to surgery.
2. Permit/encourage clear liquids, preferably glucose containing, up to two hours prior to surgery.

*NOTE: “Encourage” means that although a child need not be awakened from sleep to drink, if he awakens spontaneously, clear liquids should be offered.*

<p><b>CLEAR LIQUIDS PERMITTED:</b></p> <p><b>H<sub>2</sub>O</b>  <b>APPLE JUICE</b>  <b>GRAPE JUICE</b>  <b>CRANBERRY JUICE</b>  <b>CARBONATED BEVERAGES</b>  <b>GINGER ALE</b>  <b>KOOL AID</b>  <b>FRUIT DRINKS</b>  <b>PLAIN JELL-O</b></p>	<p><b>LIQUIDS NOT PERMITTED:</b></p> <p><b>FRUIT JUICE WITH PULP</b>  <b>MILK PRODUCTS</b>  <b>A GOOD RULE TO FOLLOW IS</b>  <b>THAT IF YOU CANNOT SEE</b>  <b>YOUR HAND THROUGH THE</b>  <b>LIQUID; DON'T ALLOW YOUR</b>  <b>CHILD TO DRINK IT.</b></p>
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3. Breast milk permitted until 4 hours before surgery.

## **PROCEDURE**

### **Responsibility and Technique**

1. Pre-operative Instructions

The Registered Nurse, who calls or emails the patient preoperatively, is responsible for instructing the patient about fasting on the day of surgery. In the case of a child, the parent or guardian will be instructed. Any deviation from the above policy must be written as an order from the anesthesiologist and documented on the Anesthesia Record.

2. Day of Surgery

A Registered Nurse will ask the patient when food and clear liquids were last ingested. The times will be written on the Preadmission Assessment. Any deviation from the policy must be reported to the anesthesiologist in charge.

The Anesthetist will verify that the patient fasted according to policy. If the policy has been followed, the NPO box on the Anesthesia Record may be checked.

## **SAFETY FACTOR**

The Anesthesiologist in charge must be notified whenever the Preoperative Fasting Policy has not been followed. It is at the anesthesiologist's discretion whether anesthesia may proceed.