



ANZCA
FPM

14 April 2026

Conjoint Associate Professor Carolyn Hullick
Chief Medical Officer
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Professor Hullick,

ACSQHC 'Sip Til Send' fact sheet

ANZCA welcomes the opportunity to provide feedback on the draft fact sheet for clinicians: *Improving pre-procedural fluid management: using the practice of 'Sip Til Send'*. We support the document's principles and design and recognise its guidance will be of significant national value for clinicians and quality of patient care.

While the principles reasonably align with those of ANZCA, we recommend some amendments to the document for clarity and greater certainty of terminology, and to address clinician concerns and key areas of practice. Specifically, ANZCA recommends:

- Using the term 'clear liquids' rather than 'clear fluids' where referenced throughout the document for consistency, including with ANZCA guidelines (see green highlights in attached version).
- Presenting further recent evidence to allay residual concerns by anaesthetists about the risk of aspiration with 'Sip Til Send' (see 'what you need to know' below).
- Providing a greater emphasis on key areas of concern in paediatric anaesthesia.
- Encouraging the use of 'Sip Til Send' in 'non-urgent elective surgery' and 'non-urgent emergency surgery' patients.

Our recommendations and rationale regarding the above are detailed in the table on the following page.

Please direct any queries you may have to the ANZCA safety and quality inbox at sq@anzca.edu.au.

We look forward to receiving the final version of the fact sheet. If asked, ANZCA would welcome the opportunity to consider endorsing the document.

Sincerely,

Dr James French
Acting Chair, ANZCA Safety and Quality Committee

Fact sheet	ANZCA comments & recommendations	Page
Use of 'clear fluids'	<p>The document should specify 'clear liquids' rather than 'clear fluids' throughout.</p> <p>Rationale: 'Clear liquids' and 'clear fluids' are not interchangeable terms. Consistent use of 'clear liquids' throughout the document will eliminate ambiguity/misinterpretation/confusion for:</p> <ul style="list-style-type: none"> • Anaesthetists While most of the literature refers to 'clear fluids', for the purposes of this document, consistency of use of terminology within ANZCA guidelines should take precedence to eliminate ambiguity for anaesthetists practicing in Australia and New Zealand. • Nursing staff 'Clear fluids' includes jelly – i.e. jelly can flow – and broths. Consumption of these fluids is not recommended during periods of pre-operative fasting. 'Clear fluids' may potentially be included in a post-operative surgical order. Nursing staff are familiar with such post-operative orders and their understanding is that 'clear fluids' includes, <i>inter alia</i>, jelly and broth. 	1–3
What you need to know	<p>Insert 'if thirsty', where appropriate, to ensure patients aren't supplied with liquids they may not want. As such, we recommend amending the first sentence of the:</p> <ul style="list-style-type: none"> • First paragraph to read: "... while awaiting surgery, if thirsty, up until they are called ...". • Second paragraph to read: "Allowing patients to sip clear fluids, if thirsty, until transfer to the operating theatre ..." 	1
What you need to know	<p>More explicitly present the evidence supporting 'Sip Til Send' to allay lingering safety concerns by some anaesthetists.</p> <p>We recommend:</p> <ol style="list-style-type: none"> 1. Amending the last sentence of the first paragraph to read: 'Sip Til Send' is simple, safe and kind – large observational studies have shown no increased risk of aspiration". <p>Referencing the following study -</p> <p>Frykholm, P. et al. Impact of liberal preoperative clear fluid fasting regimens on the risk of pulmonary aspiration in children (EUROFAST): an international prospective cohort study <i>British Journal of Anaesthesia</i>, 2025; 135, 141-147.</p>	1

<p>Purpose and rationale</p>	<p>The study provides evidence for the safety of reducing preoperative fasting time for clear fluids in children aged <16 yr from 2 h to ≤1 h.</p> <p>2. Include reference to the following study to support the statement in ‘Purpose and rationale’, that “As a result, patients are often kept nil by mouth for much longer than intended.”</p> <p>Webb, A. R., Kalam, I., Lui, N., Loughnan, R. M., & Leong, S. (2024). A pre and post interventional audit of an 'apple juice on arrival' protocol to reduce excessive clear fluid fasting times in paediatric patients. <i>Anaesthesia and intensive care</i>, 52(5), 328–334. https://doi.org/10.1177/0310057X241263112</p> <p>The study is a recently published audit of fasting times, which complements the ‘median of up to 12 hours’ by showing an average pre-intervention fasting time of 9.9 hours.</p>	
<p>Considerations and practice points</p>	<p>Provide a greater emphasis on key paediatric considerations. As such, we recommend incorporating:</p> <ul style="list-style-type: none"> • Statements that highlight the: <ul style="list-style-type: none"> ○ Potential for delayed gastric emptying due to pain, analgesic medications, anxiety, and emergency surgery. ○ Importance of careful supervision of clear liquid volumes in children, including the provision of guidance based on mL/kg, given the large variation in size of children and their limited capacity to self-regulate intake. • Reference to the Fasting Guideline from the Children’s Hospital at Westmead: <u>The children’s hospital at Westmead Fasting Guideline for Children Having General Anaesthesia.</u> 	<p>2</p>
<p>Considerations and practice points</p>	<p>We recommend the incorporation of a statement that encourages ‘Sip Til Send’ in:</p> <ul style="list-style-type: none"> • Non-urgent elective surgery. • Emergency surgery cases in which the patients are not at high risk of aspiration but may be of high risk of their surgery being rescheduled. 	<p>2</p>