



Appendix 1 - Fasting guideline

This fasting guideline applies to patients undergoing general anaesthesia, major regional anaesthesia/analgesia and sedation.

The aim of fasting prior to anaesthesia or sedation for a surgical or medical procedure is to decrease the risk of perioperative regurgitation, which may result in aspiration syndrome. This may be associated with chemical pneumonitis, bacterial pneumonia or airway obstruction depending upon whether foreign material (food) and/or gastro-intestinal fluids (gastric acid, bile or other bowel contents) have been aspirated into the lungs. Such patients may require treatment in critical care units.

Prolonged fasting from fluids for more than 6 hours fails to achieve an optimally empty stomach and may have deleterious metabolic effects as well as an impact on patient well-being. Continued consumption of clear fluid, in particular carbohydrate rich fluid, may improve gastric emptying as well as mitigate the metabolic and psychological impact of fasting. Fasting instruction should therefore take into account the timing of anaesthesia or sedation. A safe upper limit for recommended fluid volume has not yet been clearly identified, and will vary from patient to patient. However studies have shown that, in adults, it is safe to administer up to 400 mL of clear fluids 2 hours prior to surgery. The practice of "fasting from midnight" for a morning procedure is appropriate for solids but not appropriate for clear fluids in most circumstances.

Clear fluids are regarded as water, carbohydrate rich fluids, specifically developed for perioperative use, pulp free fruit juice, clear cordial, black tea and coffee. It excludes fluids containing particulate matter, soluble fibre, milk-based drinks and jelly.

The recommendations are as follows:

- i. For adults having an elective procedure, limited solid food may be taken up to six hours prior to anaesthesia and clear fluids may be taken up to two hours prior to anaesthesia.
- ii. For children over six months of age having an elective procedure, limited solid food or formula may be given up to six hours, breast milk up to four hours and clear fluids (no more than 3ml/kg/hr) up to one hour prior to anaesthesia.
- iii. For infants under six months of age having an elective procedure, formula may be given up to four hours, breast milk up to three hours and clear fluids (no more than 3ml/kg/hr) up to one hour prior to anaesthesia.
- iv. Prescribed medications may be taken with a sip of water less than two hours prior to anaesthesia unless otherwise directed (for example oral hypoglycaemics and anticoagulants).
- v. An H2-antagonist, proton pump inhibitor or other agent that decreases gastric secretion and acidity should be considered for patients with an increased risk of gastric regurgitation.

This fasting guideline may not apply to patient groups at increased risk of perioperative regurgitation or vomiting. This includes patients having emergency procedures and those with known/suspected delayed gastric emptying or oesophageal motility disorders, and obstetric patients in labour. Patients who have had bariatric surgery (in particular those with adjustable gastric bands) may also fall into this category. The practitioner responsible will need to exercise discretion regarding adequacy of fasting times versus the risk of aspiration and may choose to vary from this guideline to reduce risk for individual patients. It may be

necessary to delay the planned procedure and/or use airway protective manoeuvres, both physical and pharmacological to further mitigate the risk of regurgitation.

Chewing gum should be discarded. This is primarily due to its risk as a foreign body rather than increased gastric content.