



MedStar Georgetown
University Hospital

Department of Anesthesia

Title:
Preoperative Fasting

Issued:
July 1, 2000

Last Revised:
April 8, 2015

Policy Number:
9055

Page(s):
4

Attachment:
None

Policy:

A period of fasting will precede all elective general, regional or MAC anesthetics unless in the judgment of the attending anesthesiologist, the risk of waiting is greater than the risk of proceeding with the anesthetic. Anesthesia may proceed immediately in urgent/emergent cases where there is a risk in waiting or where no reduction in gastric volume can be assumed. Below you will find the recommended American Society of Anesthesiologists (ASA) guidelines for preoperative fasting.

Focus of Policy:

The intended patient population for these guidelines is limited to healthy patients of all ages undergoing elective procedures. The guidelines do not apply to patients who undergo procedures with no anesthesia or only local anesthesia when upper airway protective reflexes are not impaired and when no risk factors for pulmonary aspiration are apparent. These guidelines are also not intended for women in labor.

These guidelines may not apply to or may need to be modified for (1) patients with coexisting disease or conditions that can affect gastric emptying or fluid volume and (2) patients in whom airway management might be difficult.

For simplicity and compliance the Pre-Surgical Testing Center will continue to follow their current NPO instructions.

Preoperative Assessment:

A review of pertinent medical records, a physical examination, and patient survey or interview should be performed as part of the preoperative evaluation. These should include pertinent assessment of gastroesophageal reflux disease, dysphagia symptoms, or other gastrointestinal motility disorders, potential for difficult airway management and metabolic disorders that may increase the risk of regurgitation and pulmonary aspiration. When the fasting recommendation in these guidelines are not followed the practitioner should compare the risks and benefits of proceeding with consideration given to the amount and type of liquids or solids ingested.

Guidelines for Preoperative Fasting Status:

Clear Liquids

It is appropriate to fast from intake of clear liquids at least 2 hours before elective procedures requiring general anesthesia, regional anesthesia, or sedation/analgesia. Examples of clear liquids include, but are not limited to, water, fruit juices without pulp, carbonated beverages, clear tea and black coffee. These liquids should not include alcohol. The volume of liquid ingested is less important than the type of liquid ingested.

Breast Milk

It is appropriate to fast from intake of breast milk at least 4 hours before elective procedures requiring general anesthesia, regional anesthesia, or sedation/analgesia.

Infant Formula

It is appropriate to fast from intake of infant formula at least 6 hours before elective procedures requiring general anesthesia, regional anesthesia, or sedation/analgesia.

Solids and Nonhuman Milk

It is appropriate to fast from intake of a light meal or nonhuman milk 6 hours before elective procedures requiring general anesthesia, regional anesthesia, or sedation/analgesia. Intake of fried or fatty foods or meat may prolong gastric emptying time. Additional fasting time (e.g. 8 hours or more) may be needed in these cases. Both the amount and type of food ingested must be considered when determining an appropriate fasting period. Because nonhuman milk is similar to solids in gastric emptying time, the amount ingested must be considered when determining an appropriate fasting period.

Preoperative Gastrointestinal Stimulants

The routine preoperative use of gastrointestinal stimulants to decrease the risk of pulmonary aspiration in patients who have no apparent increased risk for pulmonary aspiration is not recommended.

Preoperative Pharmacologic Blockage of Gastric Acid Secretion

The routine preoperative use of medication that blocks gastric acid secretion to decrease the risks of pulmonary aspiration in patients who have no apparent increased risk for pulmonary aspiration is not recommended.

Preoperative Antacids

The routine preoperative use of antacids to decrease the risks of pulmonary aspiration in patients who have no apparent increased risk for pulmonary aspiration is not recommended. Only nonparticulate antacids should be used when antacids are indicated for selected patients for purposes other than reducing the risk of pulmonary aspiration.

Preoperative Antiemetics

The routine preoperative use of antiemetics to reduce the risks of pulmonary aspiration in patients who have no apparent increased risk for pulmonary aspiration is not recommended.

Preoperative Anticholinergics

The use of anticholinergics to decrease the risks of pulmonary aspiration is not recommended.

Preoperative Multiple Agents

The routine preoperative use of multiple agents in patients who have no apparent increased risk for pulmonary aspiration is not recommended.

Summary of Fasting Recommendations:

Ingested Material	Minimum Fasting Period
Clear liquids	2 hours
Breast milk	4 hours
Infant formula	6 hours
Nonhuman milk	6 hours
Light meal	6 hours
Full meal	8 hours

These recommendations apply to healthy patients who are undergoing elective procedures. They are not intended for women in labor. Following the guidelines does not guarantee complete gastric emptying. The fasting periods noted above apply to patients of all ages.

Examples of clear liquids include, but are not limited to, water, fruit juices without pulp, carbonated beverages, clear tea and black coffee. Because nonhuman milk is similar to solids in gastric emptying time, the amount ingested must be considered when determining an appropriate fasting period.

A light meal typically consists of toast and clear liquids. Meals that include fried or fatty foods or meat may prolong gastric emptying time. Additional fasting time (e.g., 8 hours or more) may be

needed in these cases. Both the amount and type of food ingested must be considered when determining an appropriate fasting period.

Chewing gum or candy should be treated as a clear liquid and require 2 hours of fasting.

Pharmacologic Recommendations:

Gastrointestinal Stimulants

Metoclopramide: Not for routine use

Gastric Acid Secretion Blockers

Cimetidine: Not for routine use

Famotidine: Not for routine use

Ranitidine: Not for routine use

Omeprazole: Not for routine use

Lansoprazole: Not for routine use

Antacids

Sodium citrate: Not for routine use

Sodium bicarbonate: Not for routine use

Magnesium trisilicate: Not for routine use

Antiemetics:

Droperidol: Not for routine use

Ondansetron: Not for routine use

Anticholinergics:

Atropine: No use

Scopolamine: No use

Glycopyrrolate: No use

Multiple Agents:

Not for routine use



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