

Perioperative fasting in adults and children

as safe, less thirst, better all round



The Royal College of Anaesthetists

Patient presents for planned or emergency surgery

Information provided on fasting regime

given by a health care professional with suitable training

Clear signage for each patient, indicating fasting regime
recorded in the multidisciplinary notes and clearly visible in the patient's bed space

For patients undergoing emergency surgery:

Treat as though the patient has a full stomach. If possible, follow normal fasting guidance to allow gastric emptying.

For healthy patients without GI disorders

For higher risk patients

Adults

Water up to two hours before induction of anaesthesia.

Clear fluids*, including clear tea and black coffee also permitted up to 2 h before induction.

Food/milk/sweets/tea or coffee with milk, can be taken 6 h (minimum) before induction.

Chewing gum not permitted on day of surgery.

* Clear fluids – those through which newsprint can be read

Children (0 to 18 years)

Clear fluids* and water up to 2 h before induction of anaesthesia.

Breast milk up to 4 h before induction.

Formula/cows' milk up to 6 h before induction.

Food, including sweets, can be taken 6 h (minimum) before induction of anaesthesia.

Chewing gum not permitted on day of surgery.

* Clear fluids – those through which newsprint can be read

All higher risk patients

Includes those with obesity, diabetes and gastro-oesophageal reflux.

Follow same fasting regime as healthy patients, unless contraindicated.

The anaesthetic team should consider further interventions, as appropriate.

Regular medication continued, unless contraindicated; premedication (benzodiazepines) acceptable; taken with up to 30 ml fluid (children 0.5 ml/kg)

Postoperative recovery

Adults routine surgery

Encourage the patient to drink when they are ready, providing there are no complications.

Children (0 to 18 years) routine surgery

Oral fluids can be offered when the patient is fully awake following anaesthesia, providing there are no complications.

Consider clear fluids or breast milk first.

Not required to drink before discharge.

GI tract/major abdominal surgery (including Caesarean section)

Consult surgical team for postoperative recovery regimes.

See National Institute for Health and Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidance.

Summary

Preop fasting – as easy as the 2-4-6 rule

2 hours
water (clear fluid)

4 hours
breast milk

6 hours
formula/cows' milk/solids

Postop intake in healthy patients – when the patient feels ready