# WINNIPEG REGIONAL HEALTH AUTHORITY

## ANESTHESIA PROGRAM

### POLICY AND PROCEDURE MANUAL

<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>PREOPERATIVE FASTING (NPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved By:</td>
<td>Anesthesia Program Committee</td>
</tr>
<tr>
<td>Date:</td>
<td>March 12, 2012</td>
</tr>
<tr>
<td>Page:</td>
<td>1 of 3</td>
</tr>
</tbody>
</table>

## PURPOSE:

- Balance the adverse effects of preoperative fasting with the risk of pulmonary aspiration of gastric contents under anesthesia.
- Standardize preoperative fasting requirements for adult surgical patients across the Winnipeg Regional Health Authority.

## SCOPE OF POLICY:

The policy applies to *adult surgical patients* undergoing *elective and ambulatory emergency surgeries* where an anesthesiologist or their designate is present, regardless of the type of anesthetic that may be administered. The policy does not include surgical procedures where an anesthesiologist or their designate is not present (i.e. endoscopy and other minor procedures where the endoscopist/surgeon directs the administration of sedation and minor surgical procedures where no sedation is given and only local anesthetic is administered by the surgeon. The policy does not apply to patients in labor or undergoing elective or urgent cesarean section.

## DEFINITIONS:

*Adult surgical patient*: Patients undergoing surgery at all WRHA facilities except Children’s hospital and dental surgery at Misericordia Hospital.

*Elective surgery patients*: Patients scheduled to undergo nonurgent surgery.

*Ambulatory emergency surgery patients*: Patients awaiting unscheduled, minor urgent surgeries (typically minor maxillofacial, plastic or orthopedic surgery) and who have been discharged from hospital. These patients are readmitted when operating room time becomes available for their surgery.

*Clear fluids*: Water, apple juice, cranberry juice (no orange juice), clear tea or black coffee (no milk or cream or powdered creamer, no sugar or sweetener), clear broth (no noodles or vegetables or meat or solids of any kind).
POLICY:

Elective surgery patients must not eat solid food and alcohol after midnight on the day of their surgery. These patients may drink clear fluids up until 2 hours before the scheduled time of surgery, or until they are admitted to hospital, whichever is sooner. After this time these patients must take nothing by mouth (NPO).

Ambulatory emergency surgery patients must not eat solid food and alcohol after midnight while waiting for their surgery to be scheduled. These patients may drink clear fluids up until the time they are called to the hospital for readmission and surgery. After this time these patients must take nothing by mouth (NPO). If these patients are informed by operating room staff that their surgery will not be scheduled this day, these patients may resume their usual diet until midnight, when the previous instructions are reapplied.

Under exceptional circumstances the risk of delaying surgery or prolonged fast may outweigh the risk of aspiration of gastric contents in elective surgery and ambulatory emergency surgery patients who have not adhered to this policy. Conversely, a longer fast may be recommended in the unusual patient at exceptionally high risk of aspiration. These decisions are left to the anesthesiologist assigned to the case.

REFERENCES:


Apfelbaum JL, Caplan RA, Connis RT, Epstein BS, Nickinovich DG, Warner MA. Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce
the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures: an updated report by the American Society of Anesthesiologists Committee on Standards and Practice Parameters. Anesthesiology 2011 Mar;114(3):495-511. PMID: 21307770.


Approved by:

Anesthesia Program Committee – March 12, 2012 to be reviewed in September 2012