

**FASTING GUIDELINES for ANAESTHESIA**



*“Proserpine”, Dante Gabriel Rossetti 1874, oil on canvas, Tate Gallery, London.*

*In ancient mythology Zeus promised his beautiful daughter Proserpine to his sinister brother Hades, god of the underworld. Proserpine’s mother Demeter was very much against this match and did everything in her power to recover her daughter. In the end, however she had to reach a compromise with Zeus, whereby Proserpine was allowed to spend half of the year with her and the other half with Hades in the underworld. This was because whilst in the kingdom of the dead Prosperpine had eaten some pomegranate seeds and an ancient rule stipulated that only those who had eaten and drunk nothing could ever be allowed to leave it for good.*

*As in the rules for the underworld, there also exist ancient anaesthetic rules concerning fasting practices. Those who break these rules will not be allowed to return to the “land of good health”, as they will be barred from their anaesthesia. Fortunately, however anaesthetists, like Zeus are merciful and in emergency situations a compromise may be reached when necessary.*

## FASTING GUIDELINES for ANAESTHESIA

### Rationale

To ensure that the stomachs of patients presenting for anaesthesia & surgery are as empty as possible prior to anaesthesia, in order to minimise the risk of aspiration of stomach contents.

### Procedure

#### Electives:

- Babies (under 1 year) may have breastfeeds up to **4** hours, or formula/milk up to **6** hours pre-op., and clear fluids up to **2** hours pre-op.
- Patients over 1 year will be fasted as for adults (food up to **6** hours, clear fluids up to **2** hours pre-op)

#### Emergencies:

- Pre-operative fasting for emergency surgery will depend on the type of illness/injury, and the urgency with which intervention will be necessary.

Ideally patients will need to be fasted in a similar manner to “elective” cases, however in urgent/emergency situations this may not be possible or appropriate. The benefit of fasting must be balanced against the urgency of the procedure.

### Notes

- When in doubt about fasting time, or the need for IV fluids, or whether regular medications should be given contact the designated anaesthetist (or the anaesthetist-in-charge)
- Only medications or water ordered by the anaesthetist should be taken less than 2 hours prior to anaesthesia, and then only with a “sip” of water sufficient to swallow the tablets.
- If prolonged fasting or delays are anticipated, early institution of IV fluids should be considered.
- Whenever possible, children should be scheduled first/early on the operating list (elective or emergency).
- It is very important that the Children’s Unit be notified as soon as possible of any possible theatre delays, so that fasting time may be adjusted accordingly.
- Clear fluids should be **unsweetened**, and hence NOT include soft drinks, and should be limited to 200 ml/hour (older children & adults).
- This policy is not intended for use with Diagnostic Imaging procedures where oral contrast is required for the investigation.

References

SPANZA Fasting Guidelines, January 2003.

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