

# CAS 2020 Fasting Guidelines- Adults and Paediatrics

## 4.2 Fasting Guidelines- Adult

### Moving Beyond “NPO at Midnight”

#### Healthy Patient of Any Age

(i.e., not diabetic, obese, pregnant, ileus/SBO, difficult airway)

#### Undergoing Elective Procedure

(i.e., not emergent)

#### General or Regional Anesthesia

(i.e., not merely local anesthesia)

Hours Pre-Op	Allowable Food or Beverage
> 8	Heavy foods (fried/fatty) and meats
6	Light meal (e.g., toast + clear liquid) Cow's milk (in moderation) Infant formula
4	Breast milk
2	Non-alcoholic clear liquids (e.g., water, fruit juice without pulp, nutritional drinks, clear tea, black coffee)
0-2	NPO



#### Benefits of Clear Liquids up to 2 hours Pre-Op

- ✓ LESS patient thirst and hunger
- ✓ LOWER risk of aspiration

Source: American Society of Anesthesiologists. 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. *Anesthesiology*. 2017; 126:376-393.

Fasting policies should vary to account for age and preexisting medical conditions and should apply to all forms of anesthesia, including procedural sedation (see Appendix 6).<sup>1</sup> Emergent or urgent procedures should be undertaken after considering the risk of delaying surgery vs the risk of aspiration of gastric contents. The type and amount of food ingested should be considered in determining the duration of fasting.

**Before elective procedures, the minimum duration of fasting should be:**

- Eight hours after a large meal of solids particularly containing protein (e.g., meat) or fatty foods
- Six hours after a light meal (e.g., non-fatty meal such as toast)
- Six hours after ingestion of infant formula, nonhuman milk, or expressed breast milk fortified with additions
- Four hours after ingestion of breast milk
- Two hours after ingestion of clear fluids for adults
- One hour after ingestion of clear fluids for **infants and children**

Unless contraindicated, adults and children should be encouraged to drink clear fluids (including water, pulp-free juice, complex carbohydrate beverages, and tea or coffee without milk) up to two hours before elective surgery.

## Pediatric

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Pediatric patients should also be encouraged to consume clear fluids, as defined, up to one hour before elective procedures.

## Considerations

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Conditions that delay gastric emptying require individual patient assessment. These guidelines may be modified at the discretion of the physician.

Premedication, when indicated, should be ordered by the anesthesiologist. Orders should be specific as to dose, time, and route of administration.

An oral H<sub>2</sub> receptor antagonist is recommended the night before and on the morning of an elective Cesarean delivery.

An intravenous H<sub>2</sub> receptor antagonist and 30 ml of oral 0.3 molar sodium citrate are recommended prior to an emergent Cesarean delivery if general anesthesia is planned.

See Section 7.3 for fasting guidelines specific to patients in active labour.