

VUMC Pre-Anesthesia Fasting (“NPO”) Policy

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Elective Procedures

Best practice to minimize the risk of pneumonitis due to aspiration of particulate and/or acidic gastric contents is to fast all elective surgery patients prior to administration of drugs that may impair the patient’s airway protection. Based on currently available evidence, the required duration of fasting before an elective anesthetic of any type (with no distinction between general, regional and sedation) has been standardized across VUMC, as follows:

1. Clear liquids: 2 hours
2. Everything else in the stomach (solids, non-clear liquids): 6 hours

Exceptions:

- Breast milk in pediatric patients: 4 hours
- Infant formula in pediatric patients: 6 hours
- Jejunal tube feeds in nutritionally sensitive patients (trauma and burn patients, for example) with a functional IV: No wait time
- Tube feeds (any location) in intubated patients: No wait time

Notes:

- Gum and hard candy, if not swallowed: No wait time
- G-tube feeds in non-intubated patients: 6 hours
- Ambulatory surgery center patients are instructed to remain NPO after midnight because the time of their surgery may be earlier than expected, however administration of anesthesia may proceed whenever the conditions in #1 and #2 above are met
- This policy only addresses the timing of the administration of anesthesia for an elective procedure and does not address the choices of technique

Urgent or Emergent Procedures

There is little evidence of benefit to any delay before anesthesia in the setting of an urgent or emergent procedure. It is believed that gastric emptying is impaired in patients who have a medical or surgical emergency. Therefore, the putative benefit of delaying an urgent or emergent case with the expectation that the risk of aspiration of gastric contents would be lower in a few hours is not established. The final decision about timing of an urgent or emergent procedure should be made collaboratively by the consultant anesthesiologist and surgeon.