

SOP Template: Pre-operative Fasting and Dietary Restriction Guidelines

This SOP details **pre-operative fasting and dietary restriction guidelines** essential for patient safety and optimal surgical outcomes. It covers the timing and types of allowed intake before anesthesia, including fluids and solids, to minimize the risk of aspiration. Proper adherence to these guidelines is critical for reducing perioperative complications and ensuring effective anesthesia management.

1. Purpose

To establish clear, safe, and standardized fasting and dietary restriction guidelines for all patients scheduled for surgical or diagnostic procedures requiring anesthesia or sedation.

2. Scope

Applicable to all patients (adults and children) undergoing procedures under general, regional, or monitored anesthesia care in the facility.

3. Responsibilities

- **Physicians and Anesthesia Providers:** Review and enforce fasting guidelines. Assess risks, document exceptions, and educate patients/families.
- **Nurses:** Confirm patient understanding and compliance prior to surgery. Document last oral intake.
- **Patients/Parents/Guardians:** Adhere strictly to provided fasting and dietary restriction instructions.

4. Guideline: Permitted Intake Timing Before Anesthesia

| Type of Intake | Minimum Fasting Period | Examples |
|----------------------------|------------------------|--|
| Clear Liquids | 2 hours | Water, clear fruit juices (no pulp), black coffee, tea (no milk), oral rehydration solutions |
| Breast Milk | 4 hours | Infants only |
| Infant Formula | 6 hours | Commercial formula for infants |
| Light Meal | 6 hours | Toast, non-fatty foods |
| Fatty or Fried Foods, Meat | 8 hours | Meat, fried or fatty foods |
| Solid Foods (general) | 6-8 hours | Any non-specified solid meals |

Notes:

- Patients should **not** chew gum or consume candy within 2 hours of anesthesia.
- Medication with a small sip of water may be permitted, unless otherwise indicated.
- Compliance with special instructions for specific patient populations (e.g., diabetics, pediatric, obstetric patients) is vital.

5. Procedure

1. Upon scheduling, provide written and verbal fasting instructions to patients (and caregivers for pediatric patients).
2. On the day of procedure, confirm last intake of solids and liquids, and document in preoperative checklist.
3. If fasting guidelines are not followed, notify the anesthesia provider. Surgery may be delayed or rescheduled as clinically indicated.
4. Document any deviations and the rationale for proceeding if undertaken.

6. Exceptions & Special Considerations

- Certain emergency procedures may require deviation from standard fasting guidelines; risk assessment and documentation required.
- Adjustments may be made for patients with delayed gastric emptying or specific medical conditions – consult with anesthesia provider.

7. Documentation

- Record patient education and acknowledgment of instructions.
- Document times and types of last intake before anesthesia.
- Note any exceptions or deviations from guidelines in the patient record.

8. References

- American Society of Anesthesiologists (ASA) Practice Guidelines for Preoperative Fasting
- Facility policy on anesthesia and sedation practices