

PROVIDENCE ALASKA MEDICAL CENTER

<b>Subject:</b> Anesthesia NPO Requirements for Non-Emergency Surgery	<b>Number:</b> PAMC/MS 920-083
<b>Approved by:</b> <b>Administrator:</b> <u>Richard Mandsager MD</u> Richard Mandsager, MD	<b>Original Effective Date:</b> 11/06 <b>Review Date(s):</b> 11/08, 11/09
<b>Chief of Staff:</b> <u>Cathy Corring MD</u> Cathy Corring, MD	<b>Revision Date(s):</b> 12/07

**I. PURPOSE/SCOPE:**

Enhance patient safety during non-emergency surgery by decreasing the risk of pulmonary aspiration from regurgitation of ingested food and fluids prior to surgery or during surgery. Provide a clear standard for providers of all disciplines for pre-surgical patient education and information to prepare them for a safe course of anesthesia and surgical services during non-emergency surgery.

**II. POLICY:**

In keeping with the philosophy and mission of Providence Health System, patients undergoing non-emergency surgery will not ingest fluids or food outside of the parameters specified in this policy. Should they do so, they will be rescheduled to allow them the opportunity to meet this standard for their own safety.

**III. KEY INDEX WORDS:**

- a. NPO
- b. Clear liquids
- c. Solids

**IV. DEFINITIONS:**

- a. **NPO:** No fluids or solid food by mouth.
- b. **Clear liquids:** Foods that are transparent and liquid at body temperature. Foods allowed in this diet include juice, gelatin, ice water, popsicles, ice chips, sweetened tea or coffee, and soda pop.
- c. **Solids:** Any food, including baby formula, given by mouth other than the liquids specified above.

**V. SPECIAL CONSIDERATIONS:**

None.

## VI. PROCEDURES:

These NPO guidelines apply to patients undergoing non-emergency surgery. In some cases longer NPO time periods may be deemed necessary for fluids and/or solids, such as for patients with conditions that predispose them to an increased risk of pulmonary aspiration (i.e. diabetes, pregnancy, hiatal hernia, gastroesophageal reflux, obesity, trauma or decreased gastroesophageal motility).

The NPO time requirement for certain patients may be modified at the discretion of the anesthesiologist.

- a. Adults shall be NPO eight (8) hours prior to surgery for solids and two (2) hours for clear liquids (less than 8 oz).
- b. Pediatric patients less than twelve years old may have clear liquids two (2) hours or more prior to surgery, breast milk four (4) hours prior to surgery, non-human milk six (6) hours prior to surgery, and formula six (6) hours prior to surgery. "Formula" is considered food and requires six (6) hours from ingestion to be digested prior to surgery. No solids may be consumed for eight (8) hours prior to surgery.
- c. Oral medications may be given 1 to 2 hours before surgery with one ounce (30 cc) of water.
- d. H-2 blockers may be given (considered for patients who may be at increased risk for aspiration, anticipated significant blood loss, etc.)
- e. If a physician has any questions regarding these guidelines, they can either resort to the Nothing by Mouth for eight (8) hours before surgery guideline or call the anesthesiologist for clarification.

## VII. CROSS REFERENCE:

- A. Joint Commission Standards -- Leadership (LDP), Medical Staff (MS), and Care of Patient (TX)
- B. 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: A report by the American Society of Anesthesia.
- C. American Dietetic Association on line diet manual

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### End of Policy

This policy replaces PAMC 951.081, effective date 11/13/06