Maine Medical Center ICU Perioperative Fasting Guidelines

Approved by the Departments of Anesthesia, Surgery and Critical Care	Updated: May 2017

Background: Evidence no longer supports the tradition of "NPO after midnight" to reduce aspiration risk in patients undergoing sedation or general anesthesia. The safety of shorter fasts for healthy patients undergoing elective surgery is well established.[1-8] Similarly, there is no evidence to support a prolonged NPO interval in patients with a cuffed endotracheal or tracheostomy tube who do not require airway manipulation in the OR. Brief nasogastric suctioning has been shown effectively to empty the stomach,[9] and a review of practices at MMC revealed no perianesthetic complications in 35 intubated patients fasted for fewer than six hours.[10] In ICU patients, poor nutrition is associated with increases in infections, ARDS, pressure ulcers, renal failure, and longer durations of mechanical ventilation.[11-16] To reduce sequelae of poor nutrition, MMC adopts the following guidelines for perioperative fasting in intubated patients.

Exclusion criteria: *For patients meeting any of these criteria, stop tube feeds* ***six hours*** *prior to case:*

- Non-intubated patients or those with a non-cuffed (eg. metal) tracheostomy tube
- Planned reintubation or airway manipulation procedure (eg. Tracheostomy creation, exchange for double lumen tube, laryngeal procedure)
- Planned prone positioning
- Oral/maxillofacial procedures where the airway is in the field and may be lost (eg. mandibular fracture repair) unless patient already has a tracheostomy
- Planned extubation in the OR

Inclusion criteria: Adult intensive care unit patients requiring procedural anesthesia or sedation while:

- A cuffed airway tube (endotracheal tube or tracheostomy) is in place, and
- Receiving enteral feeding (via a gastric or post-pyloric tube)

For patients meeting these criteria, without exclusion criteria above, use the following protocol:

Protocol:

Pre-op:

- Continue tube feeds at their existing rate until the patient is called to the OR (or other procedure area if anesthesia is planned)
- "On call" to the OR, stop tube feeds, and:
    - Sump type tubes will be placed to low constant wall suction
    - Non-sump (eg. Dobhoff) type tubes will be placed to gravity drainage
    - No need to continue suction during transport
- Suction the oral cavity and posterior pharynx for secretions
- If patient is receiving insulin, adjust as needed

Intra-op:

- Continue sump tubes on low constant wall suction throughout case; place non-sump tubes to gravity drainage throughout case (ie. Foley bag)
- If procedure permits, position patient with head of bed elevated 30 degrees
- If patient recently on insulin, check glucose in OR

Post-op

- If no gastrointestinal interventions were undertaken, resume tube feeds at previous rate as soon as possible, and at most within 60 minutes after return to the ICU
- If patient had an abdominal/gastrointestinal procedure, tube feeds should be resumed as early as deemed safe by the surgical and ICU teams; a reduced rate may be used initially

References:

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