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PREOPERATIVE FASTING GUIDELINES

Fasting guidelines apply to patients of all ages receiving anesthesia care. The purpose of those guidelines is:

- 1) To reduce the incidence of and complications from regurgitation of stomach contents for patients receiving anesthesia services
- 2) To assist health care providers and patients in decisions about fasting intervals
- 3) To be consistent with accepted standards of clinical care

Guidelines may need to be modified by the anesthesia provider for patients with co-existing diseases or conditions that might affect stomach emptying or fluid volume [e.g./ pregnancy, obesity, diabetes, hiatal hernia, gastro-esophageal reflux disease (GERD), ileus or bowel obstruction, emergency care, or enteral tube feeding or for patients in whom airway management might be difficult. For patients with these conditions, risk of aspiration is greater when airway reflexes are compromised by sedative medications. These conditions may alter anesthetic management.

UNLESS OTHERWISE INSTRUCTED, BEFORE ELECTIVE PROCEDURES, THE MINIMUM DURATION OF FASTING SHOULD BE:

- 2 HOURS AFTER CLEAR FLUIDS*
- 4 HOURS AFTER INGESTION OF BREAST MILK
- 6 HOURS AFTER INGESTION OF INFANT FORMULA, NONHUMAN MILK
- 8 HOURS AFTER A MEAL CONTAINING FATTY FOODS OR MEAT

*Clear fluids are limited to **water, apple juice, Gatorade®, infant electrolyte solutions (Pedialyte®) and CLEAR carbonated beverages (Coke, 7UP).**

Any other fluids may result in cancellation of the procedure

Acceptable volumes are as follows:

- No more than two ounces for patients up to 5 years of age;
- No more than four ounces for patients 5 through 13 years of age;
- No more than eight ounces (1 regular-sized cup) for patients over 13 years of age.

*Infants (less than 1 year of age) are a special case. Infants should receive clear fluids prior to their surgery or procedure to prevent dehydration. An infant should complete breast-feeding about 4 hours prior to the surgery/procedure or should receive clear liquids (e.g. Pedialyte®) about 2-3 hours prior to surgery/procedure. This often means that the infant will need to be awakened from sleep.

Guidelines do not guarantee complete stomach emptying. Fasting durations must be individualized for each patient based upon risk of aspiration versus the expected benefit of the proposed procedure. Some procedures may start earlier than scheduled and fasting durations should be adjusted accordingly.

Adapted and liberally paraphrased from practice guidelines by the American Society of Anesthesiologists (©2011) and the European Society of Anesthesiology (©2011)

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