Sip 'Til Send QIP at Lincoln County Hospital

NHS **United Lincolnshire Teaching Hospitals** NHS Trust

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Background

Fasting preoperatively is important to reduce aspiration risk (1). However, excessive fasting can have a negative impact on perioperative morbidity through increased risk of dehydration, hypoglycaemia, acute kidney injury (2), post-operative nausea & vomiting (PONV) and haemodynamic instability (3) while also reducing patient satisfaction.

"Sip 'Til Send" was first introduced in NHS Tayside Hospital, Scotland, UK (2021) by Dr M Checketts and is now rolled out in more than 50 sites across the world, including Australia and New Zealand (3).

Whilst initially introduced in March 2020, the "Sip 'Til Send" protocol has not been widely followed within LCH. We looked to see if we could increase its implementation to help reduce the negative effects of prolonged fasting.

Methodology

At LCH, patients undergoing elective surgery are sent from their admitting ward or the Surgical is documented on the checklist.

interventions with the "Sip 'Til Send" policy. We also compared this with data from previous audits

mapping (Fig. 1), and cause and effect (fishbone) diagrams (Fig. 2)", assumes that it is much more symptoms and putting out fires.

Figure 1: Process Map



Figure 2: Cause and Effect Fishbone



Figures 3,4 and 5 : Sip 'Til Send Poster and redesigned preadmission booklet page and preoperative check list on fasting





These results show a gradual improvement with each audit cycle, with a mean fasting time reducing from 18 hours in January 2020, to 7 hours in December 2021, to 3.8 hours in September 2024.

Further data showed large variations between sites in the trust, with 94% of Grantham's patients fasting from water for less than 2 hours, whilst only 2% of Boston patients achieved this. LCH achieved 63%.

Interventions

Along with widespread dissemination of the initial results throughout the MDT, a number of specific interventions were made.

The "Sip 'Til Send" poster was put up in places that both staff, and more importantly, patients whom it affected, could see it.

The preadmission booklet, and given to patients during their preoperative assessment, was modified to allow for "Sip 'Til Send" option within the fasting instructions.

The preoperative check list to remind the to remind the nurses about the Sip 'Til send and have passive learning. These booklets and preoperative check list were also rationalised to be the same throughout the trust



the percentages of patients that been offered Sip of water by 6%.

Data for General Surgery, patients showed a significant statistically improvement following our interventions with a reduction in average fasting time.

Unfortunately, this was not the case with Dental, ENT, or Maxillofacial patients, intervention.

collection questionnaire, which may have caused confusion regarding fasting from food versus water.

Discussion and Conclusion

Many patients will find fasting instructions confusing. With any one patient seeing multiple confusion arises from. Patients and staff will often take a cautious approach due to a fear of cancellations, in which case, additional fasting can appear a small price to pay. Whilst the **"Sip 'Til** Send" policy aims to enhance patient recovery and satisfaction, it requires both buy-in from multiple staff groups, and also patient empowerment.

Our interventions targeted both of these facets and aimed to reduce confusion. From our results, one can see that this has been achieved in some surgical specialties, but unfortunately not others.

Future recommendations are for a further audit cycle in 6 months time, alongside an improved questionnaire to ensure accurate answers. We would also specifically empower the nurses within the preoperative team to utilise the "Sip 'Til Send" protocol, unless specifically instructed not to.

am-university-hospitals-think-drink-project/ t-operative nausea & vomiting at Torbay Hospital Day Surgery Unit, UH

References

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