NHS
Stockport
NHS Foundation Trust

"SIP-TILL-SEND" PRE-OPERATIVE FLUID FASTING GUIDANCE STANDARD OPERATING PROCEDURE

CONTENTS

SCOPE AND PURPOSE

This SOP applies to the implementation of the "Sip-Till-Send" pre-operative fluid fasting protocol at the trust for patients who are being fasted for surgery/procedures. This applies to all patients who have been deemed appropriate for Sip-Till-Send – by default this will be all patients scheduled for elective surgery/procedures where a pre-operative fasting time is mandated, but can also be applied for non-elective patients in certain settings if deemed appropriate on pre-operative assessment e.g. by the anaesthetist responsible for the patient.

This will set out the expectations for ward staff looking after patients who are "Sip-Till-Send" pre-procedure, to ensure the protocol is carried out safely, and leads to the maximum improvement for patients/staff whilst avoiding unnecessary cancellations.

ROLES AND RESPONSIBLITIES

Directors/Assistant Directors/Lead nurses are responsible for the distribution of the protocol to staff in their area/unit.

All clinical staff involved in the pre-operative care of patients who are to be fasted prior to a procedure will be responsible for their compliance with the pre-operative fasting guidance as set out in this policy, identifying any limitations and seeking advice/support if needed.

GLOSSARY OF TERMS

"Preoperative fasting" is the time during which a patient is "nil by mouth" before a procedure for either fluids or solids.

"Sip-Till-Send" refers to the pre-operative fasting advice where a patient is allowed to drink clear water until a porter or other member of theatre staff comes to collect the patient to be taken to their procedure.

THE PROCESS

"Sip-Till-Send" protocol

Accepted standards for pre-operative fasting times to reduce the risk of pulmonary aspiration are 2 hours for clear fluids, 4 hours for breast milk and 6 hours for solid food[1]. However, in actual

practice fasting times often far exceed this[2], with resulting negative impacts on patient and staff satisfaction, and increased risk of post-operative nausea and vomiting[3], pain and anxiety[4]. There is evidence that reducing fasting time for clear fluids does not affect morbidity due to aspiration, and leads to positive effects for patients[5]. Local audit demonstrated significantly prolonged fasting times for fluids with an average of 7.5 hours – see Appendix 1.

The "Sip-Till-Send" protocol has been introduced based on these principles at other NHS trusts throughout the country to good effect. The initial protocol was introduced at NHS Tayside and included provision for a cup of tea or coffee with a specified amount of milk in the morning – to avoid confusion this part of the protocol is **not** being introduced at Stockport NHS Foundation Trust.

This protocol does not replace the established standard of 6 hours of pre-operative fasting for solids.

The procedure to be followed will be:

Identifying patients for "Sip-Till-Send"

All patients undergoing a procedure where preoperative fasting is required – i.e. general anaesthesia, regional anaesthesia or sedation – will be identified if appropriate at pre-operative assessment and the default position is all patients will be "Sip-Till-Send". At pre-hospital pre-operative assessment, patients should be encouraged to have a drink prior to leaving for hospital.

The exceptions will be at the discretion of the clinical member of staff conducting the preoperative assessment i.e. anaesthetist or preoperative assessment nurse if patient is deemed particularly high risk for aspiration – e.g. patients with bowel obstruction or severe gastro-oesophageal reflux disease. If this is the case – if prolonged fasting is likely then **strong consideration should be made to administering pre-operative IV fluids.**

Areas with patients who are "Sip-Till-Send" prior to a procedure should identify if any patients have been flagged as not appropriate at any safety huddles. If no information to the contrary was received from pre-operative assessment, the patient should be assumed to be "Sip-Till-Send". If there is doubt, then the member of staff should seek advice from the anaesthetist who will be looking after the patient.

Patients undergoing procedures under local anaesthesia only do not require pre-operative fasting.

The Sip-Till-Send protocol

Patients who are "Sip-Till-Send" will have a 170mL cup of clear water by their bedside that is refilled with 170mL of clear water every hour. If a cup in use by an area is changed, then it is the responsibility of the ward team to identify this and to measure out 170mL of water to ensure compliance.

To avoid confusion and cancellations, **only clear water** is to be allowed under this policy. Other "clear fluids" such as translucent squash, **black** tea or coffee will be subject to the usual 2 hours of

pre-operative fasting. Thicker drinks or drinks containing milk will be subject to 6 hours of pre-operative fasting. This information should be made clear to staff and patients.

There should be a shift in language used around pre-operative fasting of clear water from “you should not” to “you should” – encouraging patients to sip from the 170mL cup of water throughout the hour. This will aim to avoid the negatives of prolonged fasting and provide tangible clinical and psychological benefits to patients and staff.

Post-operative fasting

The default position for patients undergoing elective surgery not involving the gastrointestinal tract should be able to resume normal intake as soon as awake and safe enough including in post-anaesthetic recovery. Otherwise, if surgery involves the GI tract or is particularly high risk, then restrictions to this should be identified by the surgical team in their post-operative instructions.

TRAINING

No formal training is required for this protocol, dissemination of the information in this protocol is to be set out as per the roles and responsibilities above.

MONITORING COMPLIANCE

The Trust is committed to ensuring compliance with documents and will actively monitor the effectiveness of such documents.

Process for monitoring compliance with this policy

CQC Regulated Activities	Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/group / committee for review of results	Responsible individual/group/ committee for development of action plan	Responsible individual/group/ committee for monitoring action plan and implementation

DOCUMENT LAUNCH AND DISSEMINATION

Launch

Trust Microsite

Dissemination

Trust wide

REFERENCES AND ASSOCIATED DOCUMENTATION

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EQUALITY IMPACT ASSESSMENT

Office Use Only

Submission Date:	
Approved By:	
Full EIA needed:	Yes/No

Equality Impact Assessment – Policies, SOP's and Services not undergoing re-design

1	**Name of the Policy/SOP/Service**		
2	**Department/Division**		
3	**Details of the Person responsible for the EIA**	**Name:**	
		Job Title:	
		Contact Details:	
4	**What are the main aims and objectives of the Policy/SOP/Service?**		

For the following question, please use the EIA Guidance document for reference:

5	**A) IMPACT** **Is the policy/SOP/Service likely to have a differential impact on any of the protected characteristics below? Please state whether it is positive or negative. What data do you have to evidence this?** **Consider:** • What does existing evidence show? E.g. consultations, demographic data, questionnaires, equality monitoring data, analysis of complaints.	**B) MITIGATION** **Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?** ✓ Think about reasonable adjustment and/or positive action ✓ Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints. ✓ Assign a responsible lead.

	• Are all people from the protected characteristics equally accessing the service?	✓ Produce action plan if further data/evidence needed ✓ Re-visit after the designated time period to check for improvement. **Lead**	
Age			
Carers			
Disability			
Race / Ethnicity			
Gender			
Gender Reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Religion & Belief			
Sexual Orientation			
General Comments across all equality strands			

Action Plan

What actions have been identified to ensure equal access and fairness for all?

Action	Lead	Timescales	Review & Comments

EIA Sign-Off	**Your completed EIA should be sent to Equality, Diversity & Inclusion Manager for approval:** equality@stockport.nhs.uk

	0161 419 4784

DOCUMENT INFORMATION

Type of Document	Standard Operating Procedure
Title	“Sip-Till-Send” Pre-operative Fluid Fasting Guidance Standard Operating Procedure
Version Number	1
Consultation	
Recommended by	
Approved by	
Approval Date	
Next Review Date	
Document Author	Dr Abdallah Khalil
Document Director	
For use by	All Trust employees
Specialty / Ward / Department (*if local procedure document*)	

Version	Date of Change	Date of Release	Changed by	Reason for Change

APPENDICES

Appendix 1: Results of audit of pre-operative fasting times (January 2024)

Methods

We analysed a random selection data from both the adult and paediatric population undergoing elective surgery across all specialities represented at the hospital across a typical week with full elective activity. Data was collected on age, gender, ASA score, type of anaesthetic (general anaesthetic/regional anaesthesia/sedation), speciality of procedure and fasting time for fluids and solids as determined by patient reported start of fasting time till time of arrival in anaesthetic room.

Results

A total of 110 patients were included, 63 female and 47 male with an age range of 3-94 years. Vast majority of cases were GA (97), 4 sedation and 9 spinal anaesthetics.

Fluid fasting times ranged from a reported 0 minutes up to 26 hours, with a mean of 7 hours 10 minutes. Fasting times for food ranged from 7 hours 15 minutes to 26 hours, with a mean of 16 hours 42 minutes. Notable subgroup results include an average of 1 hour extra fasting time for afternoon theatre lists (7 hour 48 minutes vs 6 hour 47 minutes for morning starts), and much higher average fasting times in the paediatric population (<18 years) – with average fluid fasting times of 10 hours 31 minutes. Figure 1 below shows the range of fasting times by speciality.

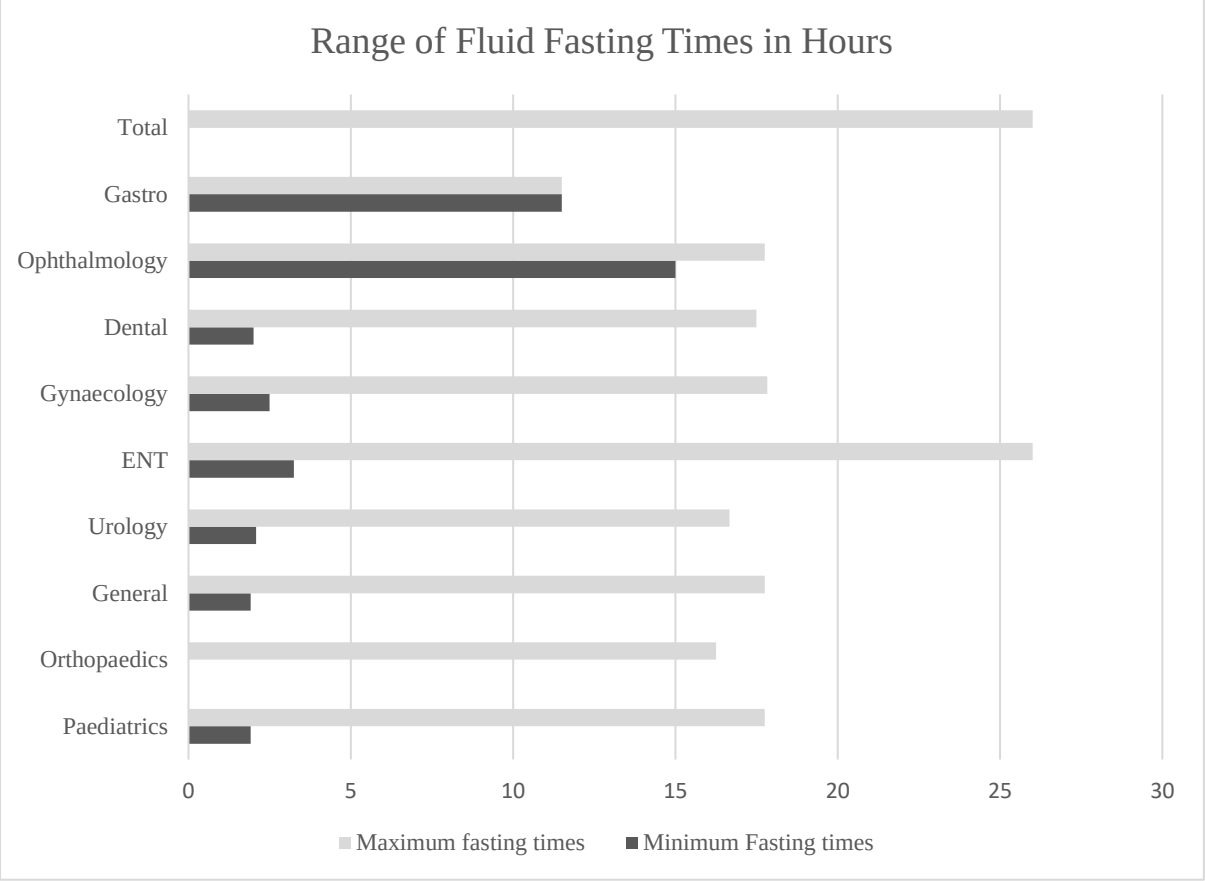

Figure 1 Range of fluid fasting times