Why aren’t NPO guidelines being followed?

Shortened hours for preoperative fasting in otherwise healthy patients with no comorbidities have been in place for 12 years. They are left essentially unchanged in a new update by the American Society of Anesthesiologists (ASA) of its practice guidelines for preoperative fasting.

Yet it is still common to keep patients NPO after midnight. OR Manager asked why.

The basic guidelines are:

• 2 hours for clear liquids. Examples include but are not limited to water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee. These liquids should not include alcohol.

• 4 hours for breast milk.

• 6 hours for infant formula, nonhuman milk, or light meal.

“No changes in the recommendations were made because there is nothing new in the scientific evidence to suggest a need to change any of the recommendations,” Jeffrey L. Apfelbaum, MD, told OR Manager. He is chairman of the ASA Committee on Standards and Practice Parameters, which updated the guidelines.

Practice not keeping up
Why do many still instruct patients to stay NPO longer than recommended?

Though the guidelines are recommendations that practitioners can choose to adopt or reject, Dr Apfelbaum says he does not understand why more are not following them. “It was an extraordinary effort by our committee to review and analyze several hundred studies from around the world,” he says. The evidence was also scrutinized by clinicians and scientific methodologists. Experts and practitioners also weighed in, with some 100 consultants and 5,000 ASA members surveyed on their practices.

The University of Chicago Medical Center where Dr Apfelbaum practices adopted the 1998 guidelines several years ago. Every institution has its own policies and procedures. Preoperative fasting is an issue for the medical staff committee to act on because it is a policy decision, he says.

Where’s the bottleneck?
One bottleneck is often the surgeon’s office because that is where preop orders frequently originate.

“Often the anesthesiologist doesn’t see the patient until 15 minutes before surgery,” says Tim Dowd, MD, CEO of North American Partners in Anesthesia.

The challenge is communicating the guidelines to the surgeon’s office staff, who give patients their preop instructions.

Because a number of comorbidities are associated with slower gastric emptying, there are a lot of exceptions to shortened fasting times. “The exception makes the rule” in many cases, he says. The office staff tend to use the longest possible NPO instructions for simplicity and to cover all cases.

Stony Brook University Medical Center Ambulatory Surgery Center, Stony Brook,
New York, instituted a performance improvement project that targeted preoperative instructions, including fasting instructions (April 2011 OR Manager). Preop fasting failure by patients was one of the top reasons for cancelling cases found in the project, which succeeded in decreasing day of surgery cancellations from 8% in 2008 to fewer than 3% in 2010.

**Tailoring to the patient**

Thomas Halton, BSN, RN, CNOR, assistant director of nursing at the medical center and nurse manager of its freestanding ambulatory surgery center, led the project team that developed a clinical pathway for automating preop instructions. “Our approach to fasting instructions is tailored to the patient,” says Halton. “We look at the age of the patient, the time the surgical case is scheduled, and the patient’s medical history.”

Patients are typically instructed to remain NPO for solids after midnight, with clear liquids permitted up to 2 hours before arrival if the case is an early start. For early afternoon cases, patients are told to remain NPO for solids for 6 hours before arrival time with clear liquids allowed up to 2 hours before arrival.

These patients can have a light breakfast if they want to get up early enough to make the 6-hour solid-food deadline. If the case is scheduled for late afternoon, patients are strongly encouraged to eat a light breakfast 6 hours before arrival with clear liquids 2 hours before arrival. Breast milk and infant formula instructions also follow the ASA guidelines.

**Patient compliance issues**

Practitioners list many reasons for not following the ASA recommendations, including possible changes in the surgical schedule and patients not complying with instructions. This also benefits patients who would be delayed if their cases could not be moved up because of their NPO status.

“If we could guarantee that a patient is going to have surgery at 3 pm, and that patient will follow directions about what to eat or drink, then we’d be able to follow the ASA guidelines more explicitly,” says Kelvin Yee, MD, chief, Department of Anesthesia, Sinai Hospital, Baltimore.

The problem is that patients might be told they can have clear liquids up until 2 hours before surgery, but everyone has a different definition of “clear,” and some patients forget the instructions.

Even when patients are told explicitly not to eat or drink past midnight, he says some still arrive and say they have just eaten or had something to drink, and surgery has to be cancelled or postponed.

“For emergency patients, we do follow the updated guidelines; however, for elective scheduled patients, we continue to have them fast after midnight,” notes Jerry Henderson, BSN, MBA, CNOR, CASC, assistant vice president perioperative services at Sinai. “There is just so much room for error,” she says. “Patients don’t follow instructions. We move cases around. We call them in early. It just doesn’t work for us to shorten the fast times.”

**NPO for endoscopy**

Endoscopy patients at Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, are allowed fluids up until 3 hours before a procedure, says Cynthia Taylor, BSN, MSA, RN, CGRN, nurse manager, endoscopy and bronchoscopy.

The updated recommendations for preop fasting coincided with research showing that giving colonoscopy patients a split dose of bowel prep solution—half the night before and half 3 hours before the procedure—is more effective and better tolerated...
than preparations given entirely the evening before the procedure.

“Our patients have found split dosing more tolerable, and they aren’t as hungry and dehydrated,” says Taylor. Patients are encouraged to continue drinking black coffee, colas, teas, and sports drinks along with the prep solution.

“It has worked well for us and for our patients,” she says.

—Judith M. Mathias, MA, RN

References