COUNTY OF LOS ANGELES **DEPARTMENT OF HEALTH SERVICES**

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ADULT PERIOPERATIVE FASTING GUIDELINES **POLICY NO. 391E**

PURPOSE:
To establish guidelines for holding perioperative enteral and oral feeds.

POLICY:
Iatrogenic underfeeding is associated with worse clinical outcomes and inappropriate cessation of enteral nutrition or oral diets should be avoided. Harbor-UCLA Medical Center will provide the following guidelines for holding enteral and oral feeds before and after procedures and diagnostic tests.

PROCEDURE:

I. Enteral feeding of patients receiving continuous enteral nutrition and undergoing manipulation of the airway (change of endotracheal tube, tracheostomy, extubation) or intraperitoneal procedures (exploratory laparotomy, abdominal wash out) will be discontinued 6 hours prior to the procedure.

II. For intubated patients receiving continuous enteral nutrition NOT having manipulation of the airway or intraperitoneal procedures, the following guidelines are to be followed:

A. Intubated patients with post pyloric feeding tubes or jejunostomy feeding tubes
   1. Enteral feedings will be continued until the time that the patient is called for transport to the Operating Room for surgery or procedure.
   2. At the time of transfer, the post pyloric feeding tube or jejunostomy tube will be flushed with 30 mL water to ensure tube patency.
      NOTE: Use purified water for critically-ill or immunocompromised patients
   3. The enteral feeding will be held during the procedure.
   4. Enteral feedings will be resumed based on the type of surgery
      a. For non-abdominal surgery, enteral feedings will be resumed at the previous tolerated rate when the patient returns from the procedure.
      b. For abdominal surgery, enteral feeding will be titrated back up to goal rate per physician order.

B. Intubated patients with large-bore unweighted naso/orogastric tubes (Salem Sump)
   1. Enteral feeding will be continued until the time that the patient is called for transport to the Operating Room for surgery or procedure.

EFFECTIVE DATE: 9/20 **SUPERSEDES:**
REVISED:
REVIEWED: 9/20
REVIEWED COMMITTEE:

APPROVED BY:

Anish Mahajan, MD
Acting Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Nancy Blake, PhD, RN, NEA-BC, FAAN
Chief Nursing Officer

2. Prior to the time of transfer, gastric contents will be removed by connecting the large-bore unweighted naso/orogastric tube to less than 80 mmHg suction until there is no more appreciable volume suctioned.
   NOTE: Flush with 30mL water after suctioning gastric contents to ensure tube patency and use purified water for critically-ill or immunocompromised patients
3. Enteral feedings will be resumed based on the type of surgery
   a. For non-abdominal surgery, enteral feedings will be resumed at the previous tolerated rate when the patient returns from the procedure.
   b. For abdominal surgery, enteral feeding will be titrated back up to goal rate per physician order.

C. Intubated patients with small-bore weighted nasogastric feeding tubes (e.g., DobbHoff) or percutaneous endoscopic gastrostomy (PEG) tubes
1. Enteral feedings will be continued until the time the patient is called for transport to the operating room or procedure.
2. Prior to the time of transfer, gastric contents will be removed or aspirated using an enteral syringe until there is no more appreciable volume aspirated
   NOTE: Wall suction should not be used on these tubes to prevent suction-induced mucosal damage
   NOTE: Flush with 30 mL water after aspirating the gastric contents to ensure tube patency and use purified water for critically-ill or immunocompromised patients
3. Enteral feedings will be resumed based on the type of surgery
   a. For non-abdominal surgery, enteral feedings will be resumed at the previous tolerated rate when the patient returns from the procedure.
   b. For abdominal surgery, enteral feeding will be titrated back up to goal rate per physician order.

III. Non-intubated patients receiving tube feeding will be fasting for 6 hours prior to any elective surgical procedure.

IV. Patients receiving oral diets will be fasting from solid foods for 8 hours prior to procedures.
A. Clear liquids will be allowed up to 2 hours prior to procedures.
B. Medication may be given with small sips of water during the fasting time period.
C. Unless medically contraindicated, patients should receive the previous diet order upon return from the procedure.

RESPONSIBILITIES:

I. Physician responsibilities:
A. Places NPO orders in electronic health record (EHR) necessary for holding nutrition for procedures at times specified in policy.
B. Places timely diet orders and/or enteral feeding orders in the EHR for resuming nutrition after procedures.
C. Provides additional verbal communication with nursing regarding resuming nutrition as ordered (preferred).
   NOTE: A default NPO order at midnight prior to all procedures is no longer considered appropriate.

II. Nursing responsibilities:

A. Holds nutrition prior to procedures per physician EHR orders.
B. Resumes timely nutrition after procedures per physician EHR orders.

III. Registered Dietitian responsibilities:

A. Monitors nutritional intake of inpatients based on department screening policy.
B. Monitors and makes recommendations for the timely resumption of nutrition after procedures.
C. Notifies physician if nutrition is not resumed within recommended time frames at time of nutritional assessment.

Revised and Approved by:
Medical Executive Committee - 9/2020

Janine R. E. Vintch, MD
President, Professional Staff Association