

Re-audit of compliance with preoperative fasting guidelines in a large teaching hospital following promotion of national guidelines

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An audit was conducted in December 2003 to assess length of preoperative fasting, subjective patient hunger and thirst, information given to patients and staff knowledge of guidelines, using the Association of Anaesthetists (AAGBI) preoperative fasting guideline. (6 hours for food, 2 hours for clear fluid)

Results showed that elective patients (233) fasted on average almost 15 hours for food and over 11 hours for fluid. Advice in the form of admission letters was inconsistent, with average advice for food fasting being 9 hours and fluid fasting 7.5 hours.

60% of patients were admitted fasted on the day of surgery.

While 80% of 115 staff were aware of the correct 6 hour fasting period for food, only 21% understood the 2 hour period for clear fluid, and 77% would deny a patient water 2.5 hours before surgery.

The results were presented locally to anaesthetists, surgeons and nursing staff. A poster was presented to the Midland Society of Anaesthetists, and a poster and verbal presentation were given at the Preoperative Association National Conference in 2005. This coincided with the introduction of the Royal College of Nursing (RCN) fasting guidelines, which were in accordance with those of the AAGBI.

Following this audit guideline posters were produced and circulated to all wards, theatres and preoperative clinics, surgeons agreed to standardise booking letters and clearer printed information was issued by preoperative clinics. Anaesthetists undertook to prescribe morning fluid to fasted patients who had over two hours to wait before surgery.

The re-audit was undertaken in May 2007 with the aim of checking whether the appropriate changes had been made, and re-assessing fasting periods and staff knowledge. A total of 432 elective patients was audited, on a mixture of a.m, p.m, and whole day lists across two sites as before. 75% are now admitted on the day of surgery. Most pre-admission letters now follow a standard format with the correct fasting guideline giving fasting periods before surgery, rather than stating e.g to fast from midnight. A standard printed guideline is issued by the preoperative assessment clinic. Some incorrect letters were however identified, particularly in paediatrics.

More patients (241) were allocated to whole day lists than a.m or p.m lists(183) (8 blank) Mean fasting time for food was 13.7 hours and for fluid 9.5 hours, showing a reduction from the previous audit, particularly for fluid. The fluid fasting time for designated p.m lists was 7 hours, against 10 hours for whole day lists. List order change after admission affected 32% of patients (previously 28%). Mean fasting times were longer in those subjected to a change in list order.

Patient subjective hunger and thirst scores were similar to the previous audit, with some correlation to length of fasting, particularly for fluid. 64% of patients stated they were aware of the fasting guidelines.

140 staff questionnaires were returned, from medical, surgical and nursing staff and health care assistants as before. The most significant change in this audit was the improvement in staff knowledge of fasting times. 66% were now aware a patient could drink clear fluid up to 2 hours before theatre and 70% would offer water 2.5 hours before.

Recommendations from this audit:

Re-circulate guideline posters to relevant areas and reinforce patient education in preoperative assessment clinics

Include guideline as part of induction courses and make easily accessible on the intranet

Review the booking letters from paediatrics and educate paediatric ward staff

Consider changing booking letters to ask all patients to drink water at 07.00

Reinforce need for anaesthetists to prescribe fluid for patients waiting more than 2 hours

Re-audit when changes have been introduced and taken effect