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Barriers to adhere to the preoperative fasting guideline and how to overcome them

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Background: In 1999 the American Society of Anaesthesiologists introduced the evidence-based preoperative fasting guideline, which advocates shorter fasting. At present, however, patients undergoing surgery still seem to be subjected to the nil by midnight policy. Apparently, barriers still exist for the implementation of this guideline.

Purpose: To identify barriers leading to non-compliance to the fasting guideline and to generate recommendations to improve adherence.

Methods: We assessed the awareness of, and adherence to, the guideline among 25 anaesthetists, 44 surgeons, and 124 nurses of five paediatric and general surgery wards of a large university hospital by means of questionnaires. Also, 100 adult patients, 10 children, and 10 parents of infants were interviewed about the fasting procedure followed. **Findings** Surgical patients fasted 3 to 4 times longer than advised by the guideline. Median fasting times for solids were 17 hours (IQR 14-21) hours and for lipids 9 (IQR 2-12) hours. This resulted in patient discomfort (thirst and hunger) in 50% of the adult patients. In contrast, infants did fast according to the guideline. Of the nurses, only 27% adhered to the guideline, which was significantly lower than among anaesthesiologists or surgeons (57%). Most patients, however, stated to have received fasting instructions from these nurses.

Fear for possible rescheduling of the surgical procedure was the main barrier mentioned for using the guideline. However, this occurred in only 6% of the procedures. Nurses depended on the instructions by the surgeons or anaesthetists, who tended to remain "on the safe side". Guideline adherence was considered facilitated by clinical lessons, posters, and a condensed recommendation in the nursing dossier.

Discussion: The variation in fasting practices on surgical wards leads to prolonged fasting times, which is unnecessary and uncomfortable to patients. Because patients mainly remember the nurses' fasting instructions, nurses should be pivotal in reducing preoperative.