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SIP TILL SEND, ADOPT THE TREND!

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Introduction and aims

APAGBI consensus guidance (20181) recommended a 1-hour fasting time for clear fluids and the 2022 ESAIC guideline (20222) has reiterated the 1-hour fasting time.

We introduced new liberal fasting guidance 'Sip till send' (STS)3 in November 2019 which allowed paediatric patients clear oral fluids until they are brought to theatre or until given their pre-medication. In patients who receive feeds via the nasogastric route, 3 ml/kg of Dioralyte every hour was given. Sequential audits at RBH demonstrated a successful reduction in mean fluid fasting time. Our liberal policy has been established now for 3 years. In light of the latest European guideline, we conducted a retrospective review of data to evaluate the ongoing safety of our service guidance.

Methods

All paediatric patients (0 – 16 years) receiving a general anaesthetic between 3rd December 2019 till 3rd December 2022 were identified from our electronic patient record. Exclusion criteria included emergency procedures and patients intubated or on thickened fluids.

We reviewed Datix incident reports over the same period searching for incidents in paediatrics, paediatric surgery or paediatric anaesthesia involving any terms related to and including pulmonary aspiration, gastric regurgitation and unplanned PICU or HDU admission.

In addition, we evaluated the theatre scheduler database for on the day cancellation or delayed starts due to fasting.

Ethics approval was not required prior to the audit.

Results

There were 2768 paediatric cases identified over the audit period, of which 2351 patients met the inclusion criteria. Our cohort consisted of 1012 surgical cases, predominantly cardiac cases but also some thoracic, general, ENT and dental surgery. There were also interventional cardiology and radiology (n=1008), paediatric bronchoscopy (n=243), and cardiac MRI (n=88).

The median age was 3 years, IQR 1-8 years and median weight of 14 kg, IQR 7–23 kg.

There were no incidents of paediatric aspiration, regurgitation of gastric content or unplanned PICU/HDU admission. There were also no same-day cancellations or delayed starts due to lack of fasting.

Discussion and conclusion

Multiple studies have shown that the gastric emptying time of clear fluids is rapid with no increase in risk of aspiration when a liberal fasting policy was adopted.4 Our 'Sip Till Send' guidance in paediatric patients has found no pulmonary aspiration events and successfully reduced clear fluid fasting times.

We will continue to monitor for adverse events in our paediatric population. This service evaluation reassures the safety of this practice and hopes to encourage the wider dissemination of this QIP, and ultimately the implementation of this guidance in other paediatric anaesthesia departments.

References

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