

DEPARTMENT: Trauma	PROCEDURE TITLE: Perioperative Fasting Guidelines in the Trauma Patient
Page 1 of 2	REPLACES POLICY DATED: New
EFFECTIVE DATE: 8/2015	REFERENCE NUMBER: 653-212

PURPOSE: To minimize perioperative fasting in critically ill surgical trauma patients without compromising airway safety.

This guideline applies to the trauma patient scheduled to go to the operating room for a planned procedure. Exceptions include:

- Planned airway manipulation
- Operative procedures necessitating prone positioning
- Intestinal procedures
- Anesthesiologist request in conjunction with Trauma Surgeon

PROCEDURE:

Patients receiving gastric feeding WITH a protected airway in place. Protected airway is defined as a cuffed endotracheal or tracheostomy tube.

1. Place the patient on NPO status when the patient is called for by the operating room. There is no automatic NPO status after midnight.
2. At the time the patient is called for the operating room, place the OGT/NGT to suction. Record the volume of suctioned contents on the output section of the ICU flow sheet. Report the amount to the anesthesiologist.
3. If an OGT/NGT is not in place, the anesthesiologist places an OGT intra-operatively for this purpose (i.e., patient has a PEG or G-tube)

Patients receiving gastric feeding WITHOUT a protected airway in place.

1. Place the patient on NPO status (except medications) after midnight or as ordered by the trauma surgeon.

Patients receiving post-pyloric feeding.

1. Do not hold post-pyloric feeding. Continue post-pyloric feeding in the operating room.
2. Insertion of an OGT/NGT for suctioning is not necessary.

These guidelines are designed for the general use of most critically ill trauma patients, but may need to be adapted to meet the special needs of a specific patient as determined by the patient's care giver.



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