

## **NPO GUIDELINES FOR PATIENTS RECEIVING TUBE FEEDS**

### **Purpose Statement:**

To safely minimize the amount of perioperative fasting in critically ill surgical trauma patients.

### **Procedure:**

This protocol applies to patients scheduled to go to the operating room for a planned procedure.

### **Patients receiving gastric feeds with an airway device in place (either cuffed endotracheal tube or tracheostomy):**

The bedside nurse is to hold tube feeds once the patient is called for the operating room. These patients do not need to be NPO for any additional duration. It is recommended that once in the OR, an oral gastric tube (OGT) is inserted for the purpose of suctioning any residual gastric content. The volume of suctioned content should be recorded in the anesthesia chart.

Exceptions to the gastric feeding component of this protocol include:

- Planned airway manipulation
- Patients undergoing procedures necessitating prone positioning
- Patients undergoing tracheostomy insert
- Patients undergoing a gastro-intestinal procedure
- Patients receiving bolus tube feeding
- Patients NOT hospitalized
- Patients who will be extubated after surgery
- For complicated cases, face-to-face conversation is required between the STICU and Anesthesiology Teams

### **Patients receiving gastric feeds without an airway device in place:**

Any patients receiving gastric feeds without an airway device should have tube feeds held 6 hours prior to OR.

### **Patients receiving enteral (post-pyloric) feeds with an airway device in place:**

Enteral (post-pyloric) nutrition will not be stopped and will continue in the operating room. There is no need to hold feeds for any duration of time. Insertion of an OGT/NGT for suctioning is not necessary in patients receiving enteric (post-pyloric) feeds.

### **Patients receiving enteral (post-pyloric) feeds without an airway device in place:**

Hold post-pyloric tube feeds 2 hours prior to OR.