

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: Perioperative Tube Feeding

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REVIEWED/UPDATED: 9/23

EFFECTIVE: 9/21/2023

RECOMMENDATION(S): UAMS Dept of Anesthesia

APPROVAL: 9/21/2023

CONCURRENCE(S): Trauma Faculty

PURPOSE:

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 make the patient NPO once the patient is called for the operating room. There will be no automatic NPO status after midnight. At the time the patient is called for the operating room, the bedside nurse will suction the stomach unless no orogastric/ nasogastric tube (OGT/ NGT) is present, in which case an OGT will be inserted for this purpose (inserted intra-operatively by anesthesiologist). The volume of suctioned content is to be recorded in EPIC in the output section and based off of the volume recorded in the anesthesia chart/ handoff form.

Exceptions to the gastric feeding component of this protocol include:

- For complicated cases, face-to-face conversation is required between the STICU and Anesthesiology Teams
- Planned airway manipulation
- Patients undergoing procedures necessitating prone positioning
- Patients undergoing tracheostomy insert

Patients receiving gastric feeds without an airway device in place (either cuffed endotracheal tube or tracheostomy)

Any patients receiving gastric feeds without an airway device in place will be kept NPO (except medications) after midnight prior to surgery.

Patients receiving enteral (post-pyloric) feeds

Enteral (post-pyloric) nutrition will not be stopped and will continue in the operating room. There is no automatic NPO status after midnight, regardless of airway status. Insertion of an OGT/NGT for suctioning is not necessary in patients receiving enteric (post-pyloric) feeds.

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These guidelines were prepared by the UAMS ACS Division. They are intended to serve only as a guideline based on current review of the medical literature and practice. They are neither policies nor protocols. Their use is at the discretion of the managing physician.

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