Division of Acute Care Surgery Clinical Practice Policies, Guidelines, and Algorithms:
Acute Care Surgery Pre-Operative NPO Protocol
Clinical Practice Policy

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Purpose: To safely minimize the amount of perioperative fasting in critically injured trauma patients.

This protocol applies to patients scheduled to go to the operating room or interventional radiology suite for a planned procedure.

Patients with a secured airway with a cuff (e.g. endotracheal tube, tracheostomy)
- When receiving gastric enteral feeds:
  - The bedside nurse is to make the patient nothing per os (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 Care4 in the output section and based off of the volume recorded in the anesthesia record/handoff form.
- Common surgeries that should be NPO (this list is not intended to include all possibilities):
  - Tracheostomy (or other procedures/surgeries involving the airway including tube changes)
  - Patients undergoing procedures necessitating prone positioning such as:
    - Posterior cervical spine
    - Thoracic, lumbar spine
    - Sacral procedures
  - Video assisted thoracoscopic surgery (VATS)
  - Face and neck surgery
  - Gastrostomy and jejunostomy
  - If concerns are specifically raised by the OR (Anesthesiology or Surgery) team and documented preoperatively
- Common surgeries that should not be NPO (this list is not intended to include all possibilities):
  - Rib plating
  - Abdominal washout
  - Orthopedic extremity procedures
  - Plastic and/or reconstructive surgery on the extremities
- When receiving post-pyloric enteral feeds
  - Post-pyloric enteral feeds will be discontinued once the patient is called for the operating room
  - There will be no automatic NPO status after midnight regardless of airway status
Patients without a secured airway with a cuff (e.g. not intubated, uncuffed tracheostomy):

- **When receiving per os (PO) feeds**
  - MD orders clear liquid diet after midnight
  - Bedside RN stops clear liquid diet 3 hours before the posted surgical time
  - MD resumes previous diet after procedures

- **When receiving gastric enteral feeds**
  - MD orders NPO after midnight
  - Resume enteral nutrition at previous rate after procedures

- **When receiving post-pyloric enteral feeds**
  - Post-pyloric enteral feeds will be discontinued once the patient is called for the operating room
  - There will be no automatic NPO status after midnight regardless of airway status

- **When NPO due to non-functional GI tract or other appropriate reasons**
  - Continue NPO order
Pre-operative NPO Protocol Flowsheet

Does patient have a secured airway with a cuff (i.e. endotracheal tube, tracheostomy)?

- **YES**
  - Does patient have a post-pyloric feeding tube?
    - **NO**
      - Does patient requires one of the following surgeries?
        - Tracheostomy (or other procedures/surgeries involving the airway including tube changes)
        - Posterior cervical spine
        - Thoracic, lumbar spine
        - Video assisted thoracoscopic surgery (VATS)
        - Sacral procedures
        - Face and neck surgery
        - Gastrostomy and jejunostomy
        - Or... If concerns are specifically raised by the OR team and documented preoperatively
    - **YES**
      - Continue TF until patient is transported to OR
      - MD orders NPO after midnight
      - Resume TF at previous rate after procedures
      - No automatic NPO status after midnight.
      - RN to make the patient NPO once the patient is called for the OR/IR
      - When pt called for the OR, bedside RN or Anesth will suction stomach (OGT/ NGT)
  - **NO**
    - MD orders clear liquid diet after midnight
    - Bedside RN stops clear liquid diet 3 hours before the posted surgical time
    - MD resumes previous diet after procedures

- **NO**
  - Does patient have a strict NPO order due to GI tract or other reasons?
    - **YES**
      - Continue NPO order
    - **NO**
      - Does patient receive TF or a PO Diet?
        - TF
          - Does patient have a post-pyloric feeding tube?
            - **YES**
              - Continue TF until patient is transported to OR
              - MD orders NPO after midnight
              - Resume TF at previous rate after procedures
            - **NO**
              - MD orders clear liquid diet after midnight
              - Bedside RN stops clear liquid diet 3 hours before the posted surgical time
              - MD resumes previous diet after procedures
        - PO Diet
          - MD orders NPO after midnight
          - Resume TF at previous rate after procedures
          - No automatic NPO status after midnight.
          - RN to make the patient NPO once the patient is called for the OR/IR
          - When pt called for the OR, bedside RN or Anesth will suction stomach (OGT/ NGT)
References:


6. Change in “npo” policy reveals safety and increased caloric intake of enteral feedings at a level one trauma center. M McCunn, A Linton, S Clifton, TM Scalea, R Adams Cowley Shock Trauma Center, University of Maryland, Baltimore