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Pediatric anesthesia npo guidelines

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	American Society of Anesthesiologists Fasting Guidelines	Children's Hospital of Philadelphia Fasting Guidelines (12)
Clear liquids	2 h	2 h
Breast milk	4 h	3 h
Infant formula	6 h	4 h if < 6 mo old 6 h if ≥ 6 mo old
Nonhuman milk	6 h	6 h
Light snack	6 h	6 h
Large meal, fats, meats	8 h	8 h

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Guidelines For Pediatric Ambulatory Surgery

Table 3. Recommended preoperative laboratory testing.

Preoperative Condition	Laboratory Tests that may be Indicated
Black or Southeast Asian Ethnicity	• Hct, Hemoglobin, sickle cell status • High Electrophoresis if screen is positive or if anemic
Chronic seizure disorder	• LFT's, blood anticonvulsant levels
Congenital heart disease	• If history of CHF: CXR • If diuretic Rx: Electrolytes • If Dig Rx: K+, Dig level
Diabetes mellitus	• Fasting blood glucose, Hgb-A1C
History of solid organ transplantation	• Creatinine
Leukemia or other malignancy Rx by chemotherapy	• Hct, platelet count, tests specific for toxicity of each chemotherapeutic agent being used
Pacemaker	• EKG
Prematurity	• Hct
Renal failure	• Electrolytes, Ca++, Phosphate, BUN, creatinine, Hct
Tuberculosis + anti-TB therapy	• CXR, LFT's

Premedication.

Premedication of children is very useful in achieving a calm and cooperative patient who does not struggle during induction of anesthesia, and in making the hospital experience less anxiety provoking for the child and parents. Premedication with oral midazolam (0.5 mg/kg) is beneficial in the patient who is too young to voluntarily cooperate with the anesthesiologist, typically the child between 7-8 months and 8-12 years of age. Between the ages of 3 and 12 years, oral premedication with midazolam is rarely necessary. Typically, the use of premedication if the parents are calm and supportive and their presence will serve to calm the child. Parental presence in the induction room or operating room is a technique used in an increasing number of medical centers with success. [2,14,41]

Oral administration of midazolam has become the most often used premedicant in children, although it remains a very expensive alternative. In a dose of 0.5 mg/kg mixed with a vehicle to increase its palatability, it renders most children calm and cooperative while allowing them to

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Marbella, Madhulika Agarkar, Jaime F. Blanck, Karen B. Domino; 2023 American Society of Anesthesiologists Practice Guidelines for Preoperative Fasting: Carbohydrate-containing Clear Liquids with or without Protein, Chewing Gum, and Pediatric Fasting Duration—A Modular Update of the 2017 American Society of Anesthesiologists Practice Guidelines for Preoperative Fasting. crime_scene_basics_worksheet_2_answers.pdf Anesthesiology 2023; 138:132–151 doi: Download citation file: Key Points Pediatric preoperative fasting guidelines were developed to reduce the risk of pulmonary aspiration and the severity of pulmonary complications should aspiration occur. National guidelines recommend a "6-4-2" rule for preoperative fasting, meaning a minimum of 6-hour fast for solid food or formula, 4 hours for breast milk, and 2 hours for clear fluids. Recently updated recommendations encourage shorter actual fasting times while still allowing sufficient fasting times for safety. Introduction The goal of preoperative fasting recommendations is to reduce the risk of aspiration and the severity of pulmonary complications should aspiration occur. Most national guidelines recommend a "6-4-2" rule for preoperative fasting, meaning a minimum of 6-hour fast for solid food or formula, 4 hours for breast milk, and 2 hours for clear fluids.1,2 In infants and children, these recommendations often result in actual fasting times that far exceed the safety margin and may result in hunger, thirst, and patient and caregiver distress.3 There has been a shift in focus to minimal safe fasting times and encouraging intake up until that time. android_x86_installer_uefi.pdf Solids and Nonhuman Milk The American Society of Anesthesiologists (ASA) practice guidelines on preoperative fasting1, as well as the European Society of Anaesthesiology and Intensive Care (ESA-IC) preoperative fasting guidelines in children,2 recommend that solid food can be ingested until 6 hours before procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia. A meal of fried food, fatty food, or meat may require additional fasting times (e.g., 8 hours or more).

While there is some evidence that 4 hours of fasting after a light meal is safe and well-tolerated in healthy children, there are no large studies confirming the lack of increase in aspiration rates, and the definition of a light meal may be a challenge to deliver and evaluate consistently.2 Breast Milk and Formula The ASA practice guidelines recommend a 4-hour fasting period for breast milk and a 6-hour fasting period for formula before procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia.1 The ESA-IC fasting guidelines recommend that breast feeding be encouraged until 3 hours prior to anesthesia.2 This was based on 9 observational studies on gastric emptying after breast milk feeds in infants and young children. Their recommendations are the same (i.e., 3 hours) even for fortified breast milk. The ESA-IC fasting guidelines suggest that for infants, formula may be given safely up until 4 hours prior to anesthesia; however, larger studies are necessary to be confident of the safety in regard to aspiration.2 Clear Fluids The ASA recommends that clear fluids may be ingested for up to 2 hours before elective procedures requiring general anesthesia, regional anesthesia, or procedureal sedation and analgesia.1 Institutions that have been using shorter clear fluid fast times of 1 hour, or even 0 hours, have shown no increased risk of aspiration with this more liberal clear fluid fasting times and have shown a marked decrease in actual fasting times.4,5 This evidence has been shifting international consensus from a 2-hour to a more liberal 1-hour clear fluid fasting policy, which was proposed in a joint statement by the Association of Paediatric Anaesthetists of Great Britain and Ireland, the European Society for Pediatric Anesthesiology, and the Association of French Speaking Paediatric Anaesthetists (ADARPEF).6 This policy has seen been endorsed by the European Society of Anaesthesiology,2 the Canadian Pediatric Anesthesia Society, and the Society for Pediatric Anaesthesia of New Zealand and Australia. References Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: Application to healthy patients undergoing elective procedures: an updated report by the American Society of Anesthesiologists Task Force on preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration. following two step directions worksheets Anesthesiology. 2017; 126(3):376-93. PubMed Frykholm P, Disma N, Andersson H, et al. Pre-operative fasting in children: A guideline from the European Society of Anaesthesiology and Intensive Care. Eur J Anaesthesiol. 2022; 39:4. PubMed Engelhardt T, Wilson G, Horne L, Weiss. Are you hungry? Are you thirsty? Fasting times in elective outpatient pediatric patients. Paediatr Anaesth. 2011; 21:964–968. PubMed Andersson H, Zaren B, Frykholm P. Low incidence of pulmonary aspiration in children allowed intake of clear fluids until called to the operating suite. Paediatr Anaesth. haese mathematics grade 7 pdf 2015; 25:770–777. PubMed Newton RJG, Stuart GM, Willdridge DJ, et ak. Using quality improvement methods to reduce clear fluid fasting times in children on a preoperative ward. Paediatr Anaesth. 2017; 27:793–800. PubMed Thomas M, Morrison C, Newton R, et al. Consensus statement on clear fluids fasting for elective pediatric general anesthesia. Paediatr Anaesth. 2018; 28:411–4. PubMed Before anesthesia for surgery eating and drinking are not allowed for specific periods of time. It is important that you follow these directions carefully for safety reasons. If your child eats or drinks after the indicated time, the surgery may get cancelled or delayed. We follow the "2, 4, 6, 8 rule" for fasting guidelines in children. DOWNLOAD PDF