Guidelines for eating and drinking before general anaesthesia or sedation for surgery, interventional radiology or endoscopy.

‘Nil-by-mouth from midnight’ is obsolete and should not be applied to any patient.

**Elective cases**

**Fluids**: should be encouraged **up to 2 hrs pre-op**.

- **Allowed**: water; diluted fruit squash; tea/coffee with skimmed/semi-skimmed milk (up to about one-fifth of total volume); calorific drinks prescribed as part of Enhanced Recovery programmes.
- **Disallowed**: Milky coffee variants (e.g. cappuccinos, lattes). Fizzy (carbonated) drinks; fresh (pulped) fruit juices.

**Babies** 6 months and under who are purely milk-fed generally won’t accept water.

- **Breast milk**: allowed up to 3 hrs pre-op; formula milk: up to 4 hrs pre-op.

**Babies and children over 6 months**

- **Water or fluids** (as above) up to 2 hrs; breast milk up to 4 hrs; formula milk up to 6 hrs pre-op

**Food (all ages)**: (including cows’ milk and chocolate) allowed up to **6 hrs** pre-op.

**Chewing gum/sweets (all ages)**: should be strongly discouraged (principally on account of the risk of choking on gum that’s not spat out), but should not incur postponement.

- **Glucose gel for hypoglycaemia** is acceptable.

**Emergency cases**: Patients with life/limb-threatening trauma should stay nil-by-mouth. Other patients on ‘rolling’ emergency lists can be offered oral fluids **at the discretion of the anaesthetist covering that list**.

- **Oral fluids** (other than sips of water) should be withheld for patients receiving morphine or codeine – as gastric emptying can be delayed.
  - **Tramadol** appears to preserve gastric motility.

**Patients waiting in admission lounges**: **Ask the anaesthetist** to estimate the earliest possible time that an individual patient might be called to theatre. Fluids should be offered up to **2 hrs** before this point.

**Regular medication** should be given with up to 50 ml water (1 ml kg⁻¹ in children), which can be repeated as necessary.

- **Principal exception**: oral hypoglycaemic drugs (diabetic tablets) should be omitted.
- **Instructions for other drugs** (e.g. ACE inhibitors) **will be detailed in a companion guide**. If in any doubt – ask the anaesthetist.

**Patients** scheduled for admission on the **day of surgery** should be supplied with written details of latest times for eating and drinking.

- **Morning lists**: work backwards from the start time:
  - **QMC** lists start no earlier than 07:30; **City** lists no earlier than 08:30.
  - **QMC afternoon lists** starting at 14:00: tea and toast finished by 07:30.
  - **City Campus afternoon lists** starting at 12:30: light breakfast finished by 06:00.
  - Operations late in the day (e.g. **third sessions**): Timings for drinks should be discussed and agreed amongst individual surgery/anaesthesia teams.
  - These patients are at most risk of dehydration. Likely timings of individual patients’ operations should be reviewed during the day.