

Guide to stopping enteral feed

Prior to procedures, OT or extubation



INTUBATED PATIENTS

Prior to OT for non-airway, non GI-tract surgery:

For patients going to OT with a secure airway (ETT or cuffed tracheostomy) where there is to be no manipulation of the airway intraoperatively (such as a change of ETT):

- **DO NOT STOP FEED.** If possible, aspirate NG/OG tube just prior to OT & discard aspirate. Note that a fine bore feeding tube (< 10 French) cannot be aspirated.

Prior to OT for airway or GI tract surgery or planned intra-op change of ETT:

(this includes patients who require change to/from double-lumen tubes for thoracic surgery)

- **STOP FEED 6 HOURS prior to surgery.** If possible, aspirate NG/OG tube just prior to OT & discard aspirate.

Prior to OT (not intubated / no tracheostomy):

For patients going to OT with their own airway, **routine fasting guidelines apply:**

- If the patient is on the all day (acute) or morning list: no food (or enteral feed) after 0200 & no water after 0600
- If the patient is on the afternoon list: no food (or enteral feed) after 0630 and no water after 1030

ICU

Prior to extubation in ICU:

- **DO NOT STOP FEED.** If possible, aspirate NG/OG tube prior to extubation & discard aspirate.

Prior to percutaneous tracheostomy in ICU:

- **DO NOT STOP FEED.** If possible, aspirate NG/OG tube prior to procedure & discard aspirate.

If there are concerns regarding an increased risk of aspiration (structural GI tract disease, impairment of GI motility, non-supine surgery) please discuss these with the Intensivist/ Anaesthetist caring for the patient perioperatively. Oral medication can still be given to patients with a sip of water in most circumstances. If unsure, ask the ICU RMO or SMO.

OT = Operating Theatre, ETT = endotracheal tube, GI = gastrointestinal, NG = nasogastric, OG = orogastric

Do not aspirate any tube placed in the GI tract beyond the stomach (e.g. jejunal, duodenal).

These guidelines reflect the consensus of Wellington Intensive Care & Anaesthesia specialists and balance the risk of aspiration with the effects of underfeeding the critically ill. They are informed by the 'recommendations on preprocedural fasting in hospitalized patients who receive tube feeding' (American Society of Anesthesiologists Committee on Critical Care Medicine. Nov 2022)