

# An Audit on Pre-operative Fasting Protocols for Trauma Patients: Insights from New Cross Hospital

Mr. Jatin Banal (Reg. T&O), Mr Poornanand Goru (Cons T&O)



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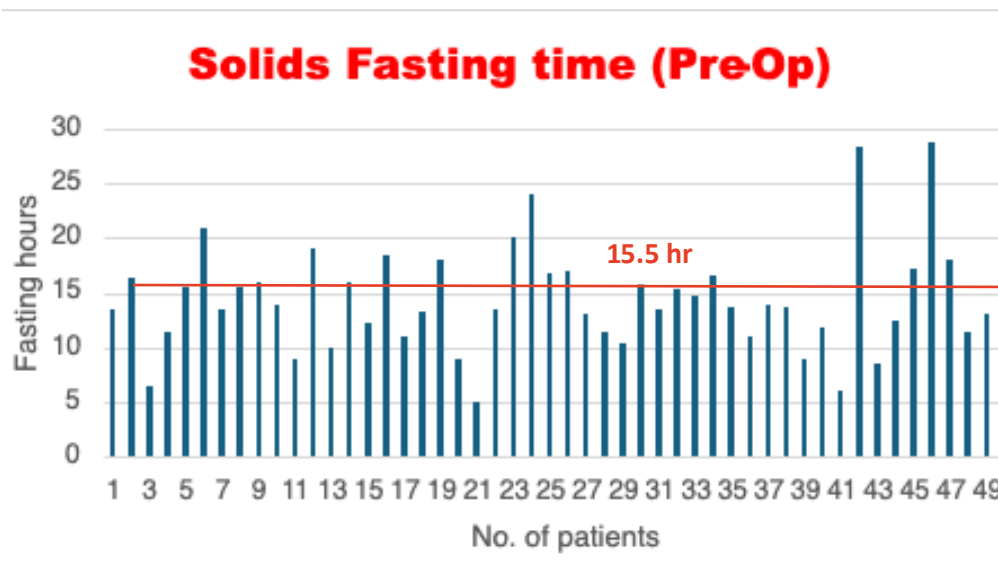
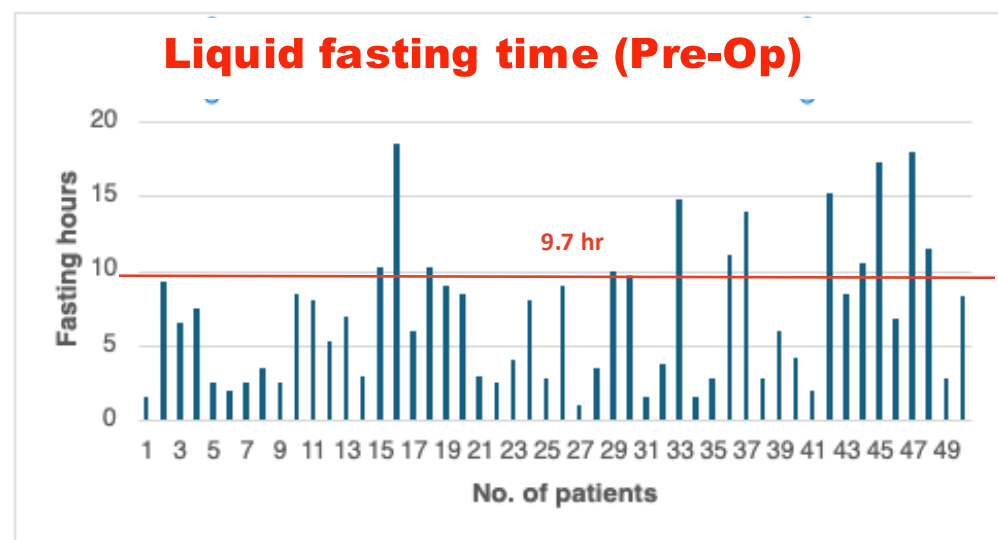
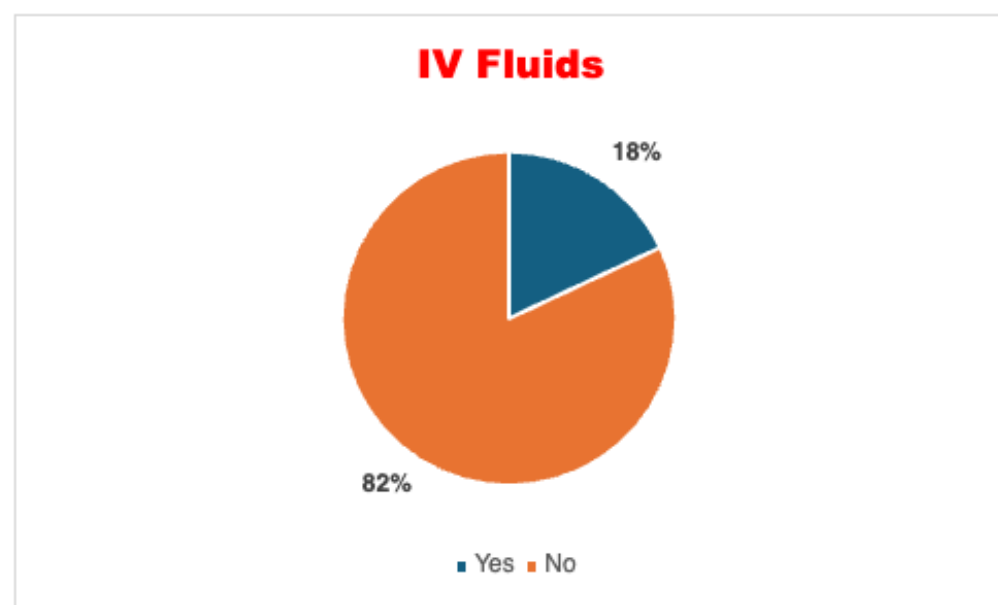
**BACKGROUND:**

Pre-operative fasting is essential to reduce the risk of vomiting, regurgitation, and aspiration during anaesthesia, preventing respiratory distress. However, prolonged fasting can cause significant discomfort, dehydration, electrolyte imbalances, hypoglycemia, post-operative nausea, and vomiting. This increase the risk of acute kidney injury, particularly in the elderly, and can lead to insulin resistance and postoperative infections. Preoperative fluid therapy aims to maintain fluid and electrolyte balance, ensure adequate circulation, and oxygen delivery to organs. According to AAGBI guidelines, 6 hrs for solids and 2 hrs for clear fluids is recommended.

**AIM:**  
 Aim: Mainly to assess pre-operative fasting time among trauma surgery patients and also to improve trauma theatre efficiency with early alerts for delays or cancellations which in turn improve quality of patient care.

**METHOD:**  
 A prospective audit was conducted over a four-week period In April 2024. The study included only the theatre care pathway documents of adults requiring 'urgent' or 'expedited' interventions on the trauma list. Using a consecutive sampling technique, all cases operated under general and regional anaesthesia were included. Data from 50 patients were collected by the ward SHO team from the preoperative records. The time of anaesthesia induction was recorded from the anaesthetic review chart

**RESULTS:**  
 The observed fasting times for solids or semi-solids ranged from 5 to 28 hours, with a mean fasting time of 15.5 hours. The observed fasting times for clear fluids ranged from 1 to 17.25 hours, with a mean fasting time of 9.7 hours. Additionally, 9 out of 50 patients (18%) did receive IV fluids.



## Proposal:

Fasting guideline posters in surgical wards is needed to ensure consistent implementation, prescribing water at 6 am on surgery days.

Education sessions for junior orthopaedic staff and ward nurses to improve patient quality.

Regular reviews of surgical lists throughout the day are essential for minimising fasting times. Need to complete loop in six months

**Working in partnership**

The Royal Wolverhampton NHS Trust  
 Walsall Healthcare NHS Trust