These fasting guidelines apply to **patients ages 0 to 18 years of age** receiving anesthesia care from the Department of Anesthesia, including general, regional, monitored anesthesia care, and procedural sedation. The purpose of these guidelines is: 1) to reduce the risk of pulmonary aspiration for patients receiving anesthesia services; 2) to assist health care providers and patients in decisions about fasting intervals; and 3) to be consistent with accepted standards of clinical care and evidence-based practice.

Guidelines may need to be modified by the anesthesia provider for patients with co-existing conditions (difficult airway) or conditions that might affect stomach emptying or fluid volume, such as diabetes, hiatal hernia, gastro-esophageal reflux disease (GERD), ileus or bowel obstruction, and emergency care. For patients with these conditions, risk of aspiration is greater when airway reflexes are compromised by sedative medications. These conditions may alter anesthetic management.

**UNLESS OTHERWISE INSTRUCTED, BEFORE ELECTIVE PROCEDURES, THE MINIMUM DURATION OF FASTING SHOULD BE:**

** FOR ORAL INTAKE:  
- 2 hours after limited volumes of clear fluids*  
- no more than 2 ounces for patients less than 5 years  
- no more than 4 ounces for patients age 5-13 years  
- no more than 8 ounces (a metric cup) for patients over 13 years  
- 4 hours after breast milk or unlimited amounts of clear fluids  
- 6 hours after formula  
- 8 hours after a meal  

* Clear fluids are limited to water, apple juice, black coffee or tea (NO milk, cream or creamer), Gatorade®, infant electrolyte solutions (Pedialyte®) and carbonated beverages (Coke®, 7-Up®).

Clear fluids should be utilized to take prescribed medications prior to surgery. Crushed medications may be administered with up to 2 tablespoons of plain apple jelly.

** FOR ENTERAL FEEDS:  
- 4 hours after breast milk tube feeds  
- 6 hours after formula tube feeds  

*If feeding tube is confirmed (radiographically) to be post pyloric, the patient has no residuals on aspiration, and there is no concern for bowel obstruction or abdominal distension, the procedure may proceed without cessation of enteral feeds.

**If patient is hospitalized and intubated with a cuffed endotracheal tube, the procedure may proceed without cessation of enteral feeds.

Patients with chronic tracheostomies must have enteral feeds discontinued a minimum of 6 hours prior to their procedure.

Noncompliance may result in delay or cancelation of the procedure! When these fasting guidelines are not followed, the risks and benefits of proceeding, with consideration given to the amount and type of liquids or solid ingested, must be weighed.

Frequently Asked Questions (FAQ) further elaborate these guidelines and provide guidance for special situations.

**QUESTIONS? CALL THE ANESTHESIA DESK AT (319) 356-2724**

Adapted and liberally paraphrased from practice guidelines by the American Society of Anesthesiologists (© 2017) and the European Society of Anesthesiology (© 2011)
**Frequently Asked Questions (FAQ)**

**QUESTION:** Why can’t my child eat or drink before his/her procedure/surgery?

**ANSWER:** The purpose of fasting guidelines is to minimize the volume of stomach contents. Depression of our protective reflexes occurs during anesthesia. One of the most basic protective reflexes is to keep stomach contents from entering the airway. When stomach contents enter the airway, aspiration occurs. Aspiration is less likely to happen when the stomach is empty.

**QUESTION:** Why is aspiration so bad?

**ANSWER:** Solid or semi-solid stomach contents may make exchange of gases in the lungs impossible. Liquid stomach contents that are acidic may burn the lungs and make gas exchange impossible. Both types of aspiration may lead to brain damage or death. It is possible to treat aspiration once it occurs and most people survive aspiration, but treatment in an intensive care unit is often necessary. Aspiration may prolong your child’s hospital stay by days to weeks.

**QUESTION:** Should I wake my child up two hours before the scheduled time for the procedure or surgery to give him or her clear liquids?

**ANSWER:** Yes, avoiding dehydration is very important. For example: If your 5 year old child’s procedure or surgery is scheduled to start at 8 am, you could give up to 4 ounces of a clear fluid up until 6 am. You may want to consider waking your child for fluids at 5 am so that the fluids are finished by 6 am.

**QUESTION:** My child was in an automobile accident and needs emergency surgery. She ate just before the accident and it has only been four hours. Her doctor says she needs the operation now. Why doesn’t she have to wait 8 hours before she can have her surgery?

**ANSWER:** Guidelines assist doctors and patients in making decisions about health care. Fasting guidelines are not intended as standards or absolute requirements. The risk of aspiration must be weighed against the risk of not having surgery in a timely manner. Your anesthesiologist may modify the type of anesthesia to mitigate your child’s risk.

**QUESTION:** Can my child chew gum or suck on hard candy while waiting for her procedure or surgery?

**ANSWER:** No.

**QUESTION:** What about carbohydrate-rich drinks?

**ANSWER:** It is safe for patients to drink clear carbohydrate-rich drinks up to 2 hours before surgery. BUT, not all drinks are free of dairy products and pulp containing fruit juices, so the specific drink must be considered by the health care team. If the exact ingredients of the drink are unknown, a 6 to 8 hour fasting period is considered to be a conservative duration.

**QUESTION:** Why can’t my child eat or drink before his/her procedure/surgery?

**ANSWER:** The purpose of fasting guidelines is to minimize the volume of stomach contents. Depression of our protective reflexes occurs during anesthesia. One of the most basic protective reflexes is to keep stomach contents from entering the airway. When stomach contents enter the airway, aspiration occurs. Aspiration is less likely to happen when the stomach is empty.

**QUESTION:** Why is aspiration so bad?

**ANSWER:** Solid or semi-solid stomach contents may make exchange of gases in the lungs impossible. Liquid stomach contents that are acidic may burn the lungs and make gas exchange impossible. Both types of aspiration may lead to brain damage or death. It is possible to treat aspiration once it occurs and most people survive aspiration, but treatment in an intensive care unit is often necessary. Aspiration may prolong your child’s hospital stay by days to weeks.

**QUESTION:** Should I wake my child up two hours before the scheduled time for the procedure or surgery to give him or her clear liquids?

**ANSWER:** Yes, avoiding dehydration is very important. For example: If your 5 year old child’s procedure or surgery is scheduled to start at 8 am, you could give up to 4 ounces of a clear fluid up until 6 am. You may want to consider waking your child for fluids at 5 am so that the fluids are finished by 6 am.

**QUESTION:** My child was in an automobile accident and needs emergency surgery. She ate just before the accident and it has only been four hours. Her doctor says she needs the operation now. Why doesn’t she have to wait 8 hours before she can have her surgery?

**ANSWER:** Guidelines assist doctors and patients in making decisions about health care. Fasting guidelines are not intended as standards or absolute requirements. The risk of aspiration must be weighed against the risk of not having surgery in a timely manner. Your anesthesiologist may modify the type of anesthesia to mitigate your child’s risk.

**QUESTION:** Can my child chew gum or suck on hard candy while waiting for her procedure or surgery?

**ANSWER:** No.

**QUESTION:** What about carbohydrate-rich drinks?

**ANSWER:** It is safe for patients to drink clear carbohydrate-rich drinks up to 2 hours before surgery. BUT, not all drinks are free of dairy products and pulp containing fruit juices, so the specific drink must be considered by the health care team. If the exact ingredients of the drink are unknown, a 6 to 8 hour fasting period is considered to be a conservative duration.

---

**Frequently Asked Questions (FAQ)**

**QUESTION:** Why can’t my child eat or drink before his/her procedure/surgery?

**ANSWER:** The purpose of fasting guidelines is to minimize the volume of stomach contents. Depression of our protective reflexes occurs during anesthesia. One of the most basic protective reflexes is to keep stomach contents from entering the airway. When stomach contents enter the airway, aspiration occurs. Aspiration is less likely to happen when the stomach is empty.

**QUESTION:** Why is aspiration so bad?

**ANSWER:** Solid or semi-solid stomach contents may make exchange of gases in the lungs impossible. Liquid stomach contents that are acidic may burn the lungs and make gas exchange impossible. Both types of aspiration may lead to brain damage or death. It is possible to treat aspiration once it occurs and most people survive aspiration, but treatment in an intensive care unit is often necessary. Aspiration may prolong your child’s hospital stay by days to weeks.

**QUESTION:** Should I wake my child up two hours before the scheduled time for the procedure or surgery to give him or her clear liquids?

**ANSWER:** Yes, avoiding dehydration is very important. For example: If your 5 year old child’s procedure or surgery is scheduled to start at 8 am, you could give up to 4 ounces of a clear fluid up until 6 am. You may want to consider waking your child for fluids at 5 am so that the fluids are finished by 6 am.

**QUESTION:** My child was in an automobile accident and needs emergency surgery. She ate just before the accident and it has only been four hours. Her doctor says she needs the operation now. Why doesn’t she have to wait 8 hours before she can have her surgery?

**ANSWER:** Guidelines assist doctors and patients in making decisions about health care. Fasting guidelines are not intended as standards or absolute requirements. The risk of aspiration must be weighed against the risk of not having surgery in a timely manner. Your anesthesiologist may modify the type of anesthesia to mitigate your child’s risk.

**QUESTION:** Can my child chew gum or suck on hard candy while waiting for her procedure or surgery?

**ANSWER:** No.

**QUESTION:** What about carbohydrate-rich drinks?

**ANSWER:** It is safe for patients to drink clear carbohydrate-rich drinks up to 2 hours before surgery. BUT, not all drinks are free of dairy products and pulp containing fruit juices, so the specific drink must be considered by the health care team. If the exact ingredients of the drink are unknown, a 6 to 8 hour fasting period is considered to be a conservative duration.

---

FREQUENTLY ASKED QUESTIONS (FAQ)

QUESTION: Why can’t my child eat or drink before his/her procedure/surgery?

ANSWER: The purpose of fasting guidelines is to minimize the volume of stomach contents. Depression of our protective reflexes occurs during anesthesia. One of the most basic protective reflexes is to keep stomach contents from entering the airway. When stomach contents enter the airway, aspiration occurs. Aspiration is less likely to happen when the stomach is empty.

QUESTION: Why is aspiration so bad?

ANSWER: Solid or semi-solid stomach contents may make exchange of gases in the lungs impossible. Liquid stomach contents that are acidic may burn the lungs and make gas exchange impossible. Both types of aspiration may lead to brain damage or death. It is possible to treat aspiration once it occurs and most people survive aspiration, but treatment in an intensive care unit is often necessary. Aspiration may prolong your child’s hospital stay by days to weeks.

QUESTION: Should I wake my child up two hours before the scheduled time for the procedure or surgery to give him or her clear liquids?

ANSWER: Yes, avoiding dehydration is very important. For example: If your 5 year old child’s procedure or surgery is scheduled to start at 8 am, you could give up to 4 ounces of a clear fluid up until 6 am. You may want to consider waking your child for fluids at 5 am so that the fluids are finished by 6 am.

QUESTION: My child was in an automobile accident and needs emergency surgery. She ate just before the accident and it has only been four hours. Her doctor says she needs the operation now. Why doesn’t she have to wait 8 hours before she can have her surgery?

ANSWER: Guidelines assist doctors and patients in making decisions about health care. Fasting guidelines are not intended as standards or absolute requirements. The risk of aspiration must be weighed against the risk of not having surgery in a timely manner. Your anesthesiologist may modify the type of anesthesia to mitigate your child’s risk.

QUESTION: Can my child chew gum or suck on hard candy while waiting for her procedure or surgery?

ANSWER: No.

QUESTION: What about carbohydrate-rich drinks?

ANSWER: It is safe for patients to drink clear carbohydrate-rich drinks up to 2 hours before surgery. BUT, not all drinks are free of dairy products and pulp containing fruit juices, so the specific drink must be considered by the health care team. If the exact ingredients of the drink are unknown, a 6 to 8 hour fasting period is considered to be a conservative duration.

---

FREQUENTLY ASKED QUESTIONS (FAQ)

QUESTION: Why can’t my child eat or drink before his/her procedure/surgery?

ANSWER: The purpose of fasting guidelines is to minimize the volume of stomach contents. Depression of our protective reflexes occurs during anesthesia. One of the most basic protective reflexes is to keep stomach contents from entering the airway. When stomach contents enter the airway, aspiration occurs. Aspiration is less likely to happen when the stomach is empty.

QUESTION: Why is aspiration so bad?

ANSWER: Solid or semi-solid stomach contents may make exchange of gases in the lungs impossible. Liquid stomach contents that are acidic may burn the lungs and make gas exchange impossible. Both types of aspiration may lead to brain damage or death. It is possible to treat aspiration once it occurs and most people survive aspiration, but treatment in an intensive care unit is often necessary. Aspiration may prolong your child’s hospital stay by days to weeks.

QUESTION: Should I wake my child up two hours before the scheduled time for the procedure or surgery to give him or her clear liquids?

ANSWER: Yes, avoiding dehydration is very important. For example: If your 5 year old child’s procedure or surgery is scheduled to start at 8 am, you could give up to 4 ounces of a clear fluid up until 6 am. You may want to consider waking your child for fluids at 5 am so that the fluids are finished by 6 am.

QUESTION: My child was in an automobile accident and needs emergency surgery. She ate just before the accident and it has only been four hours. Her doctor says she needs the operation now. Why doesn’t she have to wait 8 hours before she can have her surgery?

ANSWER: Guidelines assist doctors and patients in making decisions about health care. Fasting guidelines are not intended as standards or absolute requirements. The risk of aspiration must be weighed against the risk of not having surgery in a timely manner. Your anesthesiologist may modify the type of anesthesia to mitigate your child’s risk.

QUESTION: Can my child chew gum or suck on hard candy while waiting for her procedure or surgery?

ANSWER: No.

QUESTION: What about carbohydrate-rich drinks?

ANSWER: It is safe for patients to drink clear carbohydrate-rich drinks up to 2 hours before surgery. BUT, not all drinks are free of dairy products and pulp containing fruit juices, so the specific drink must be considered by the health care team. If the exact ingredients of the drink are unknown, a 6 to 8 hour fasting period is considered to be a conservative duration.