QUENCH

PRE-OPERATIVE FASTING TIMES IN EMERGENCY SURGERY PATIENTS: A QUALITY IMPROVEMENT PROJECT

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Introduction

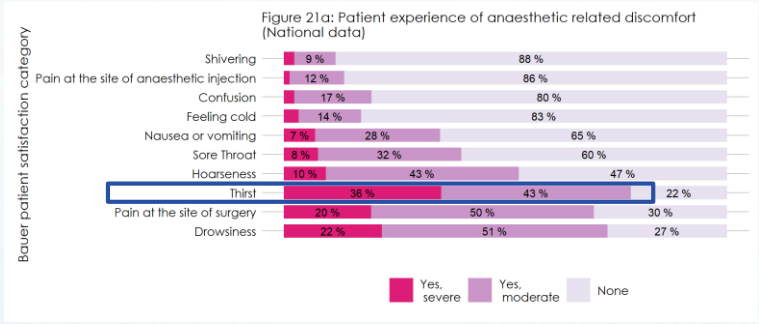
- The aim of this project was to minimize pre-operative dehydration in patients attending for emergency surgery, in those able to safely tolerate oral fluids.
- There is currently a huge amount of work going into pre-operative optimization, however this can prove more difficult to achieve in emergency surgery patients.
- PQIP national data shows that 'Thirst' was the most prevalent factor in patient experience of anaesthetic related discomfort.[1]
- Thirst experience is a modifiable factor, unlike several of the remaining Bauer Patient Satisfaction Categories.
- Current ESA guidelines recommend starvation times of 6 hours from 'solid food' and 2 hours from water and clear fluids.[2]

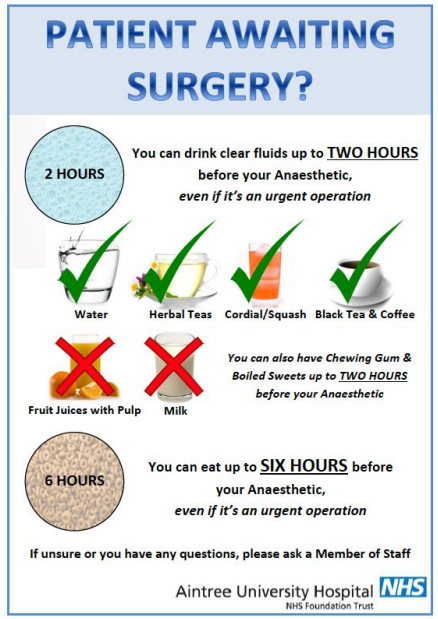
Methods

- We conducted two surveys at Aintree University Hospital to assess patient fasting times and experience, as well as patient and staff knowledge and understanding of recommended pre-operative fasting times.
- Data was collected from all patients attending the three AED theatres at Aintree Hospital 21st – 25th January.
- Staff across the Surgical Wards and AED theatres were surveyed, with roles including Doctors, Nurses, HCAs, ODPs, Recovery Staff & Catering Staff.

Interventions

- Proposed interventions to reduce pre-operative dehydration in patients were discussed with Ward Sisters and presented at the local audit meeting.
- The primary recurrent issue was poor communication from Theatres.
- Interventions put into place included: Improving communication between theatre teams and ward staff; commenting on fasting times in emergency theatre huddles; having a nominated person to communicate with wards; poster display (Fig. 2); utilising patient bedspace whiteboards to aid ward catering staff; prescribing a drink for appropriate patients using the electronic prescribing system.

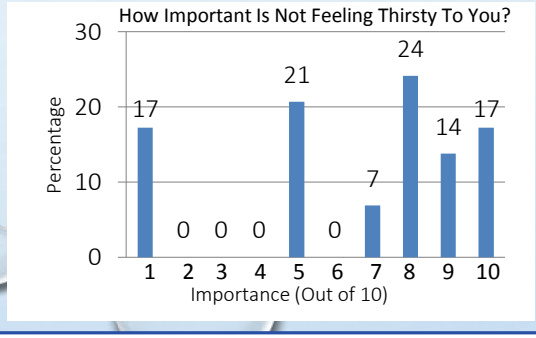




↑ Figure 1
PQIP National Data for Patient Experience of Anaesthetic Related Discomfort

← Figure 2
Poster for display on surgical wards to educate patients

↓ Figure 3
Patient survey data from Quench 1 – How important is not feeling thirsty to you?



Results

Quench 1 – Patients

- 29 patient surveys were completed (81% of emergency theatre patients), with 4 lost to follow up, 2 patients being unable to complete the survey and 1 patient refusing.
- The average fasting time for clear fluids was 9 hours, 32 minutes (range 2-24hrs)
- The average fasting time for food was 14 hours, 16 minutes (range 6-24hrs)
- All patients understood what 'Nil by Mouth' meant, but only 17% of those surveyed understood the rationale behind being kept NBM.
- 3% of patients were aware of the recommended fasting times for clear fluids and 17% were aware of the recommended fasting times for food.

Quench 1 – Staff

- 34 staff across a variety of surgical areas were surveyed.
- 71% of staff surveyed did not know why patients were kept Nil by Mouth pre-operatively, with incorrect answers including 'to avoid complications', 'safety reasons' and 'to help the surgery'.
- 42% of staff were aware of the recommended fasting times for clear fluids, and 58% were aware of the recommended fasting times for food.

Quench 2 will take place prior to the Anaesthesia 2019 Conference with complete results to follow

Conclusion

- Quench 1 results showed that patients awaiting emergency surgery were kept fasted of both clear fluids and food far longer than the guidelines of 2 and 6 hours respectively.
- The primary issue in extended fasting times in emergency surgery patients was poor communication between theatre teams and ward staff.

Quench 2 will take place prior to the Anaesthesia 2019 Conference with complete results to follow

Acknowledgements

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References

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