

Background

Despite clear international guidelines, prolonged preoperative fasting remains a common practice. At Shaukat Khanum Memorial Cancer Hospital and Research Center (SKMCH), Peshawar, excessive fasting durations were observed among elective surgical patients.

RATIONALE OF AUDIT

To evaluate compliance with institutional and international preoperative fasting guidelines and assess the impact of targeted interventions on fasting durations.

METHODOLOGY

A prospective audit was conducted in April–May 2024, including adult and pediatric elective surgical patients. Fasting data were collected on a standardized proforma. Baseline findings were presented to staff, and interventions included educational sessions, provision of written fasting instructions, entry of clear fluid orders in the Hospital Information System, and training of Patient Care Officers. A re-audit was performed six months later. Data were summarized descriptively, and proportions were compared using Chi-square or Fisher's exact tests.

STRATEGY

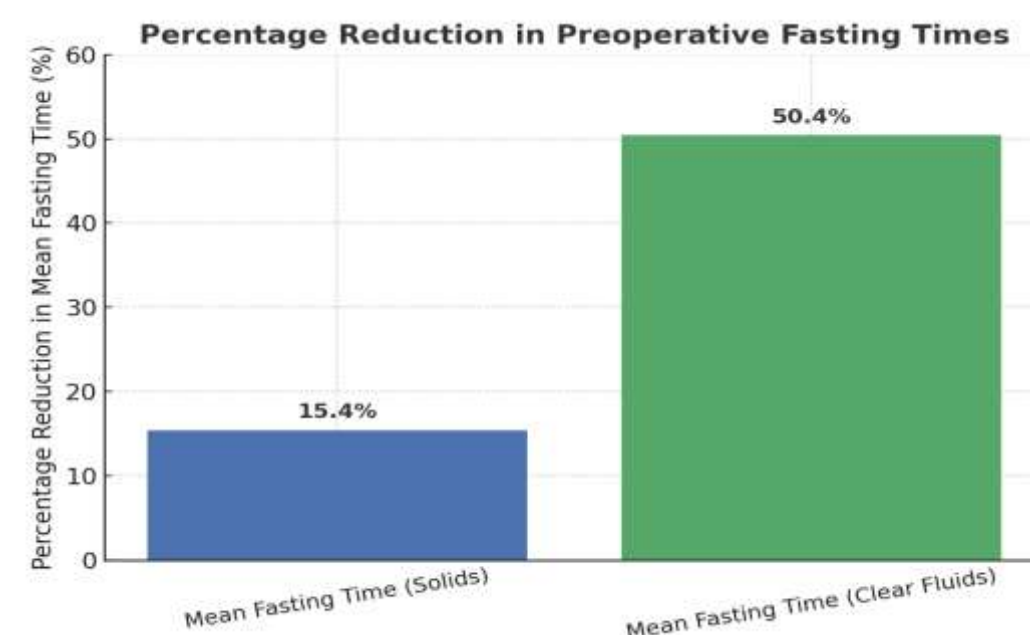
Outcome	Baseline (n=169)	Re-Audit (n=67)	Test / p-value
Mean fasting time – solids (h)	11.5	9.7	Descriptive only
Mean fasting time – fluids (h)	11.5	5.7	Descriptive only
Fasting >10 h (%)	75.8% (128/169)	43.3% (29/67)	$\chi^2=21.3$, $p<0.001$
NPO after midnight orders (%)	100%	0%	$p<0.001$ (Fisher's)
Patient complaints (n)	1	0	Descriptive only

REFERENCES

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- Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures: a report by the American Society of Anesthesiologist Task Force on Preoperative Fasting. *Anesthesiology*. 1999;90(3):896-905.

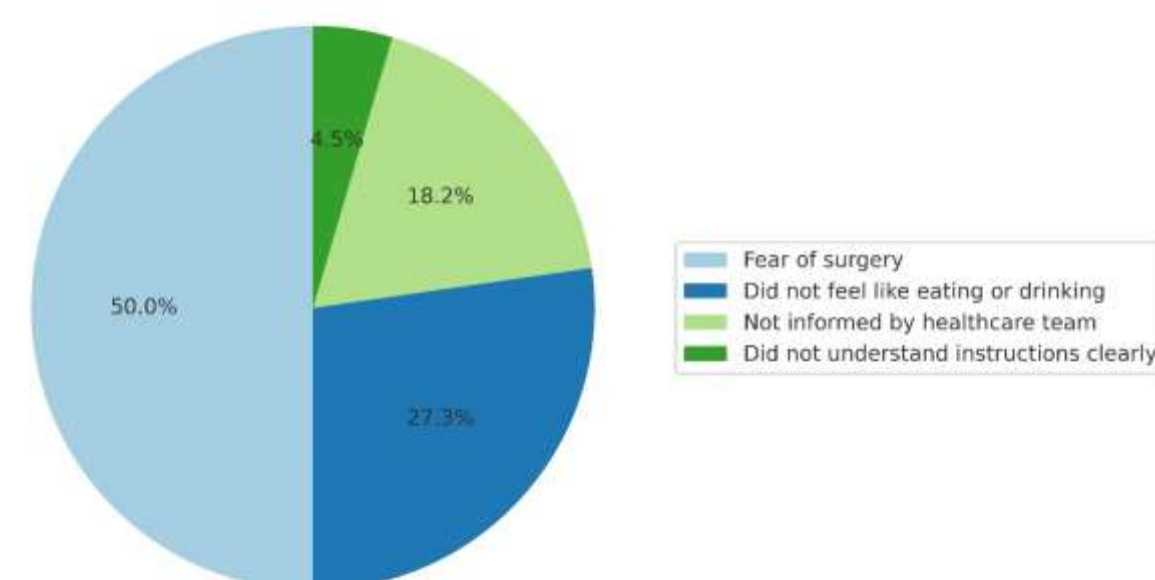
Results

At baseline, 169 patients were included. Mean fasting time was 11.5 hours for both solids and fluids, with 75.8% fasting >10 hours; almost all were instructed to remain NPO after midnight. One parental complaint was recorded. In the re-audit (67 patients), mean fasting times decreased to 9.7 hours for solids and 5.7 hours for clear fluids. The proportion fasting >10 hours reduced significantly to 43.3% ($p<0.001$), and NPO after midnight instructions were eliminated ($p<0.001$). No complaints or adverse events were reported.



Percentage reduction in preoperative fasting times for solids and clear fluids. Mean fasting time for solids decreased from 11.5 to 9.7 hours (15.4% reduction), while mean fasting time for clear fluids decreased from 11.5 to 5.7 hours (50.4% reduction).

Reasons for NPO Non-Compliance (Re-Audit, n=22)



CONCLUSION

Prolonged preoperative fasting was common at baseline but improved significantly following targeted interventions. Incorporating fasting practices into institutional safety goals and continuing regular audits are vital to sustain progress and enhance patient safety.