

APPENDIX 1- QUESTIONNAIRE FOR THE SURVEY

‘A National Survey of Perioperative Fasting Practices in India’

1. Please provide the following details

Name of the Institution:

State:

2. In your geographic area/hospital (common ones, can be more than one)

Name food items are considered as Heavy Meal?:

Name food items are considered as Light Meal?:

Name liquids are considered as Clear liquids?:

3. Is your hospital a _____ (can select more than one)

Multispeciality Hospital

Single Speciality Hospital

Government Institution

Private Institution

Teaching Institution

Non Teaching Institution

4. Types of surgical population frequent in your institution

Adult

Paediatric

Geriatric

Pregnant

5. What are the common techniques of anaesthesia performed in the Institution? (Multiple Choices allowed)

General Anaesthesia

Regional Anaesthesia

Local Anaesthesia

Procedural Sedation

Monitored Anaesthesia Care

6. What surgical specialities the institution caters to? (can select more than one)

General Surgery

Orthopaedics

Ophthalmology

Otorhinolaryngology

Neurosurgery

Surgical Gastroenterology/Oncology

Plastic Surgery/Dental

Obstetrics and Gynaecology

Paediatric

Bariatric

Others (specify)

7. Approximate estimate of the total number of cases performed every month (give numbers)

Elective

Emergency

8. How many elective cases (percent of total elective) receive 'NBM from MIDNIGHT' (solids onwards) orders overall?

- <25
- 25-50
- 50-75
- >75
- 100

9. How many elective cases (percent of total) overall receive NBM instructions as per ASA guidelines (solids onwards)?

- <25
- 25-50
- 50-75
- >75
- 100

10. What percentage of elective fasting patients receives intravenous hydration during fasting period?

- <25
- 25-50
- 50-75
- >75
- 100

11. What is NBM duration advised as per Institutional/Centre's NBM protocol? (each item open, Please enter in the format described For e.g., 8,6,4,2 etc)

Paediatric: Solids-Breast milk- Liquids- Clear Fluids (Enter in given box as __,__,_ in Hours)

Adult: Solids- Liquids-Clear Fluids (Enter in given box as __,__,_ in Hours)

Geriatric: Solids- Liquids-Clear Fluids (Enter in given box as __,__,_ in Hours)

Obese: Solids- Liquids-Clear Fluids/(Enter in given box as __,__,_ in Hours)

Diabetic: Solids- Liquids-Clear Fluids (Enter in given box as __,__,_ in Hours)

Gestational DM: Solids- Liquids-Clear Fluids (Enter in given box as __,__,_ in Hours)

Renal failure: Solids- Liquids-Clear Fluids (Enter in given box as __,__,_ in Hours)

Term Pregnancy: Solids- Liquids-Clear Fluids (Enter in given box as __,__,_ in Hours)

12. Are you are actively promoting preoperative clear fluids intake?

- No
- Yes, Plain Water advised
- Yes, sugar/glucose water advised
- Yes, Coconut Water/Electrolyte/ORS advised
- Yes, Maltodextrin advised
- Yes, Clear Tea advised
- Yes, Black Coffee advised
- Yes, Fruit Juice without pulp advised

13. Do you have the services of a dietician in your hospital?

- Yes
- No

14. Do you advice the type of diet during preoperative period as per fasting protocol?

- Yes
- No

15. **Is the same NBM protocol used for patients receiving GA/RA, also used for Sedation/MAC procedures?**
Yes
No
16. **Is it a practice to estimate the gastric volume routinely preoperatively?**
Yes:
Only in at risk cases:
No:
17. **If yes to Q. No. 16, What method do you use?**
Ultrasound
Aspiration with Ryle's tube and estimation.
Other (please specify)
18. **Have you encountered any of the below when prolonged fasting (>6 hrs) was advocated in any of the patient groups?**
Hypoglycaemia
Ketosis
Hypotension on induction
Other (please specify)
19. **If fasting protocols are not adhered to (lesser duration of fasting than advocated by ASA protocols or institutional protocols), FOR SOLIDS, what will be your response?**
Taken up at a later time of the day
The case is postponed to another day
Taken up with aspiration risk consent
Taken up with RSI
Insert a Ryle's tube, aspirate the contents and continue
Assess the gastric content with endoscope and decide
Assess the gastric contents with ultrasound and decide
Proceed if case to be done under regional anesthesia
Advice drugs which increase the gastric motility and take up the case
Others (please specify)
20. **If fasting protocols are not adhered to (lesser duration of fasting than advocated by ASA protocols or institutional protocols) FOR CLEAR LIQUIDS what will be your response**
Taken up at a later time of the day
The case is postponed to another day
Taken up with aspiration risk consent
Taken up with RSI
Insert a Ryle's tube, aspirate the contents and continue
Assess the gastric content with endoscope and decide
Assess the gastric contents with ultrasound and decide
Proceed if case to be done under regional anesthesia
Advice drugs which increase the gastric motility and take up the case
Others (please specify)
21. **Anti aspiration prophylaxis is followed in your institution/centre for**
All cases
At risk cases only

- 22. What anti aspiration prophylaxis measures are administered?**
 H2 receptor antagonist (Ranitidine)
 Prokinetics (metoclopramide)
 Proton Pump Inhibitor (pantaprazole and similar)
 Ryle's tube and aspiration
 0. 3 M chilled sodium citrate
 5. HT3 receptor antagonist (Ondansetron and similar)
 Others (please specify)
- 23. Have you encountered cases of regurgitation/aspiration/pneumonitis in your hospital in the past 10 years, overall? (can select more than one WITH NUMBERS)**
 Yes, **regurgitation** at Intubation: _ (nos)
 Yes, **regurgitation/aspiration** at Intubation: _ (nos)
 Yes, **regurgitation/aspiration/pneumonitis** at/after Intubation: _ (nos)
 Yes, **regurgitation** at Extubation: _ (nos)
 Yes, **regurgitation/aspiration** at Extubation: _ (nos)
 Yes, **regurgitation/aspiration/pneumonitis** at/after Extubation: _ (nos)
 None
- 24. In continuation of Q.23, what was the outcome? (mention as number of cases for each section, if applicable)**
 Required oxygen supplementation and Survived: _
 Required non invasive ventilation and Survived: _
 Required mechanical ventilation and Survived: _
 Death after mechanical ventilation: _
- 25. How many Diabetic patients, overall, are provided anaesthesia services every month? (Enter numbers)**
 Elective Surgeries -
 Emergency Surgeries -
- 26. How many cases of regurgitation/aspiration/pneumonitis have been encountered in Diabetic Patients in the past 10 years?**
 Elective surgeries (regurgitation): _ (nos)
 Elective surgeries
 (regurgitation -aspiration): _ (nos)
 Elective surgeries
 (regurgitation -aspiration -pneumonitis later): _ (nos)
 Emergency Surgeries
 (regurgitation): _ (nos)
 Emergency Surgeries
 (regurgitation -aspiration): _ (nos)
 Emergency Surgeries
 (regurgitation -aspiration -pneumonitis later): _ (nos)
 Nil
- 27. In continuation of Q.26, what was the outcome? (mention as number of cases for each section, if applicable)**
 Required oxygen supplementation and Survived: _
 Required non invasive ventilation and Survived: _
 Required mechanical ventilation and Survived: _
 Death after mechanical ventilation: _

28. How many pregnant diabetics received anaesthesia every month? (Enter Numbers)

Elective Surgeries -

Emergency Surgeries -

29. How many cases of regurgitation/aspiration have been encountered in Diabetic pregnant mothers in the past 10 years?

Elective surgeries (regurgitation):_ (nos)

Elective surgeries (regurgitation -aspiration):_ (nos)

Elective surgeries (regurgitation -aspiration -pneumonitis later):_ (nos)

Emergency Surgeries (regurgitation):_ (nos)

Emergency Surgeries (regurgitation -aspiration):_ (nos)

Emergency Surgeries (regurgitation -aspiration -pneumonitis later):_ (nos)

Nil

30. In continuation of Q.29, what was the outcome? (mention as number of cases for each section, if applicable)

Required oxygen supplementation and Survived: _

Required non invasive ventilation and Survived: _

Required mechanical ventilation and Survived: _

Death after mechanical ventilation: _

31. Whose role is to advice nil by mouth protocol?

Surgeon:

Ward nurse:

Anaesthesiologist:

Combination of these:

32. NBM instructions for elective cases are started as per (provide percentage of patients)

ASA protocol:

NBM from midnight:

Other:

33. How do you advice? (can select more than one)

Orally, during PAC/PAE

Written in Pre anaesthetic instructions

Written in Patient information sheet

Written in the patient consent form

34. Whose role is to advice return to Oral intake postoperatively?

Surgeon:

Ward nurse:

Anaesthesiologist:

Combination of these:

35. When do you allow the patient to resume feeds postoperatively, in ROUTINE* cases? (Enter numbers in hours) (*Without medical or surgical contraindications for early oral intake)

Clear Liquids: _hrs

Solids: _hrs

36. Please enter the average number of surgeries/procedures performed per month

Paediatric

Obstetric

Day Care

Bariatric