

APPENDIX 3

A National Survey of Perioperative Fasting Practices in India

* 1. Please provide the following details

Name of the Institution:

State:

How old is your Institution?

* 2. In your geographic area/ hospital, mention the food items you consider as (Enter common ones, can be more than one. For Eg. Chapathi 2, Jowar Roti 5, Rava Idli 3, Regular idli 2 etc.)

Light Meal (Mention food item and number below which it is considered as light meal)

Heavy Meal (List items not mentioned as Light meal)

Clear liquids

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

- | | |
|---|---|
| <input type="checkbox"/> Multispeciality Hospital | <input type="checkbox"/> Private Institution |
| <input type="checkbox"/> Single Speciality Hospital | <input type="checkbox"/> Teaching Institution |
| <input type="checkbox"/> Government Institution | <input type="checkbox"/> Non Teaching Institution |

* 4. Types of surgical population frequent in your institution (Can select more than one)

- Adult
- Paediatric
- Geriatric
- Pregnant
- Other (please specify)
-

* 5. What are the common techniques of anaesthesia performed in the Institution? (Can select more than one)

- | | |
|--|---|
| <input type="checkbox"/> General Anaesthesia (GA) | <input type="checkbox"/> Procedural Sedation |
| <input type="checkbox"/> Regional Anaesthesia (RA) | <input type="checkbox"/> Monitored Anaesthesia Care (MAC) |
| <input type="checkbox"/> Local Anaesthesia (LA) | |

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

- | | |
|---|---|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Surgical Gastroenterology/Oncology |
| <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Plastic Surgery/Dental |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Obstetrics & Gynaecology |
| <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Paediatric |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Bariatric |
| <input type="checkbox"/> Other (please 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 'Nil By Mouth (NBM) or Nil Per Oral (NPO) from MIDNIGHT' (solids onwards) orders overall?

- | | |
|-----------------------------|---------------------------|
| <input type="radio"/> < 25 | <input type="radio"/> >75 |
| <input type="radio"/> 25-50 | <input type="radio"/> 100 |
| <input type="radio"/> 50-75 | |

* 9. How many elective cases (percent of total) receive NBM/NPO instructions as per American Society of Anaesthesiologists(ASA) guidelines (solids onwards)?

- | | |
|-----------------------------|---------------------------|
| <input type="radio"/> < 25 | <input type="radio"/> >75 |
| <input type="radio"/> 25-50 | <input type="radio"/> 100 |
| <input type="radio"/> 50-75 | |

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

- | | |
|-----------------------------|---------------------------|
| <input type="radio"/> <25 | <input type="radio"/> >75 |
| <input type="radio"/> 25-50 | <input type="radio"/> 100 |
| <input type="radio"/> 50-75 | |

* 11. What is NBM/NPO duration advised as per Institutional/ Centre's protocol?(each item open, Please enter as number of hours from 0-24, 0 if allowed until shifting the patient inside the theatre)

Paediatric: Solids	<input type="text"/>
Paediatric - Breast Milk	<input type="text"/>
Paediatric-Liquids	<input type="text"/>
Paediatric- Clear liquids	<input type="text"/>
Adult- Solids	<input type="text"/>
Adult- Liquids	<input type="text"/>
Adult- Clear Liquids	<input type="text"/>
Geriatric: Solids	<input type="text"/>
Geriatric- Liquids	<input type="text"/>
Geriatric- Clear liquids	<input type="text"/>
Obese- Solids	<input type="text"/>
Obese-Liquids	<input type="text"/>
Obese-Clear liquids	<input type="text"/>
Diabetic- Solids	<input type="text"/>
Diabetic-Liquids	<input type="text"/>
Diabetic- Clear Liquids	<input type="text"/>
Gestational DM- Solids	<input type="text"/>
Gestational DM-Liquids	<input type="text"/>
Gestational DM-Clear liquids	<input type="text"/>
Renal failure- Solids	<input type="text"/>
Renal failure-Liquids	<input type="text"/>
Renal Failure- Clear liquids	<input type="text"/>
Term Pregnancy-Solids	<input type="text"/>
Term Pregnancy- Liquids	<input type="text"/>
Term Pregnancy- Clear Liquids	<input type="text"/>

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

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

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

- Yes
- No

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

- Yes
- No

* 15. Is the same NBM/NPO 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. What method of gastric volume estimation 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 Rapid Sequence Induction (RSI)
- Insert a Ryle's tube, aspirate the contents and continue
- Other (please specify)
- Assess the gastric content with endoscope & decide
- Assess the gastric contents with ultrasound & decide
- Proceed if case to be done under regional anesthesia
- Advice drugs which increase the gastric motility and take up the case

* 20. If NBM/NPO protocols are not adhered to (lesser duration of fasting than advocated by ASA protocols or institutional protocols), FOR **NONCLEAR 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 Rapid Sequence Induction (RSI)
- Insert a Ryle's tube, aspirate the contents and continue
- Other (please specify)
- Assess the gastric content with endoscope & decide
- Assess the gastric contents with ultrasound & decide
- Proceed if case to be done under regional anesthesia
- Advice drugs which increase the gastric motility and take up the case

* 21. 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

- | | |
|--|---|
| <input type="radio"/> Taken up at a later time of the day | <input type="radio"/> Assess the gastric content with endoscope & decide |
| <input type="radio"/> The case is postponed to another day | <input type="radio"/> Assess the gastric contents with ultrasound & decide |
| <input type="radio"/> Taken up with aspiration risk consent | <input type="radio"/> Proceed if case to be done under regional anesthesia |
| <input type="radio"/> Taken up with RSI | <input type="radio"/> Advice drugs which increase the gastric motility and take up the case |
| <input type="radio"/> Insert a Ryle's tube, aspirate the contents and continue | |
| <input type="radio"/> Other (please specify) | |

* 22. Anti aspiration prophylaxis is followed in your institution / centre for

- All cases
- At risk cases only (like pregnant patient, emergency surgery etc)
- Only for emergency surgeries
- Not followed at all

* 23. What anti aspiration prophylaxis measures are administered?

- | | |
|---|--|
| <input type="checkbox"/> H2 receptor antagonist (Ranitidine) | <input type="checkbox"/> Ryle's tube and aspiration |
| <input type="checkbox"/> Prokinetics (metoclopramide) | <input type="checkbox"/> 0.3 M chilled sodium citrate |
| <input type="checkbox"/> Proton Pump Inhibitor (pantaprazole and similar) | <input type="checkbox"/> 5 HT3 receptor antagonist (Ondansetron and similar) |
| <input type="checkbox"/> Other (please specify) | |

* 24. Have you encountered cases of regurgitation / aspiration / pneumonitis in your hospital in the past 20 years in **ELECTIVE** surgeries? (PLEASE Mention numbers, if not applicable mention 0)

Yes, regurgitation at Intubation : _ (nos)

Yes, regurgitation and aspiration at Intubation : _ (nos)

Yes, regurgitation / aspiration leading to pneumonitis at/after Intubation : _ (nos)

Yes, regurgitation at Extubation : _ (nos)

Yes, regurgitation and aspiration at Extubation : _ (nos)

Yes, regurgitation / aspiration leading to pneumonitis at/after Extubation : _ (nos)

* 25. In continuation of Q.24, what was the outcome **inelective**? (mention as number of cases for each section, if not applicable enter 0)

Required oxygen supplementation & Survived:_

Required non invasive ventilation & Survived:_

Required mechanical ventilation & Survived:_

Death after mechanical ventilation:_

* 26. Have you encountered cases of regurgitation / aspiration / pneumonitis in your hospital in the past 20 years in **EMERGENCY** surgeries? (Please mention as numbers in all boxes, if not applicable mention 0)

Yes, regurgitation at Intubation : _ (nos)

Yes, regurgitation & aspiration at Intubation : _(nos)

Yes, regurgitation / aspiration leading to pneumonitis at/after Intubation : _(nos)

Yes, regurgitation at Extubation : _(nos)

Yes, regurgitation and aspiration at Extubation : _(nos)

Yes, regurgitation / aspiration leading to pneumonitis at/after Extubation : _(nos)

* 27. In continuation of Q.26, what was the outcome in **emergency** surgeries? (mention as number of cases for each section, if not applicable enter 0 in the box)

Required oxygen supplementation & Survived: _

Required non invasive ventilation & Survived: _

Required mechanical ventilation & Survived: _

Death after mechanical ventilation: _

* 28. Whose role is to advice nil by mouth protocol?

- Surgeon:
- Ward nurse:
- Anaesthesiologist:
- Combination of these:

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

- Orally, during Pre Anaesthetic Checkup/Preanaesthetic Evaluation
- Written in Pre anaesthetic instructions
- Written in Patient information sheet
- Written in the patient consent form

* 30. Whose role is to advice return to Oral intake postoperatively?

- Surgeon:
- Ward nurse:
- Anaesthesiologist:
- Combination of these:

* 31. 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

* 32. How many Diabetic patients, overall, are provided anaesthesia services every month? (Enter numbers)

Elective Surgeries -

Emergency Surgeries -

* 33. How many cases of regurgitation / aspiration / pneumonitis have been encountered in Diabetic Patients in the past 20 years? (Please enter numbers, where not applicable enter 0)

Elective surgeries
(regurgitation):_ (nos)

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

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

Emergency Surgeries
(regurgitation):_ (nos)

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

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

* 34. In continuation of Q.33, what was the outcome in diabetics coming for **elective** surgeries? (mention as number of cases for each section, if not applicable enter 0 in the box)

Required oxygen supplementation & Survived: _

Required non invasive ventilation & Survived: _

Required mechanical ventilation & Survived: _

Death after mechanical ventilation: _

* 35. In continuation of Q.33, what was the outcome in diabetics coming for **EMERGENCY** surgeries? (mention as number of cases for each section, if applicable otherwise enter 0 in each box)

Required oxygen supplementation & Survived: _

Required non invasive ventilation & Survived: _

Required mechanical ventilation & Survived: _

Death after mechanical ventilation: _

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

Elective Surgeries -

Emergency Surgeries -

* 37. How many cases of regurgitation / aspiration have been encountered in Diabetic pregnant women in the past 20 years? (Please enter numbers, if not applicable enter 0)

Elective surgeries (regurgitation): _ (nos)

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

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

Emergency Surgeries (regurgitation): _ (nos)

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

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

* 38. In continuation of Q.37, what was the outcome in diabetic pregnant women coming for **elective** surgeries? (mention as number of cases for each section, if not applicable enter 0 in the box)

Required oxygen
supplementation &
Survived: _

Required non invasive
ventilation & Survived: _

Required mechanical
ventilation & Survived: _

Death after mechanical
ventilation: _

* 39. In continuation of Q.37, what was the outcome in diabetic pregnant women coming for **emergency** surgeries? (mention as number of cases for each section, if not applicable enter 0 in the box)

Required oxygen
supplementation &
Survived: _

Required non invasive
ventilation & Survived: _

Required mechanical
ventilation & Survived: _

Death after mechanical
ventilation: _

* 40. Please enter the average number of surgeries / procedures performed per month (Please enter numbers)

Paediatric

Obstetric

Day Care

Bariatric