NPO for OR GUIDELINES

PLEASE NOTE: This applies ONLY to patients with an endotracheal or cuffed tracheostomy tube!

In the past, patients scheduled for an operative procedure the following day are routinely ordered to be “NPO after midnight”. Historically, this practice was developed by anesthesiologists for patients who were eating a diet, and then were going to be intubated in the operating room following induction of anesthesia. For patients who are already intubated or have a tracheostomy in situ, this practice is not always appropriate.

Rhoads 5 SICU trauma patients receiving enteral tube feeds (gastric or post-pyloric) should not be made NPO for the OR with the following exceptions: tracheostomy, abdominal procedure, placement of PEG, G-tube, J-tube or MIC. For these procedures patients should be made NPO six hours prior to surgery.

In addition, there may be intra-operative positioning concerns that preclude the risk of a full stomach. If there are any questions please ask the anesthesia provider.

Tube feeds should be turned-off “on call” to the OR.

THANK YOU FOR YOUR COOPERATION! Please page me with any questions (215-301-2374).

Revised March 2009 M. McCunn, MD, MIPP, FCCM
Approved by ALL Rhoads 5 SICU Attendants (Anesthesiology and Trauma Surgery)