

Hospital patients with restricted oral intake



Purpose of this procedure:

There are three categories of restricted oral intake:

- **Nil by mouth** - no food, fluids or medication may be given orally. Consideration must be given to the need to prescribe medicines by an alternative route. Rationale – the volume of stomach contents needs to be limited, for example after surgery on the stomach or oesophagus.
- **Difficulty swallowing** – medicines, fluids and foods may be given orally, but the liquid form, naso-gastric or alternative route may be required depending on the degree of impairment. Rationale – the patient has difficulty in swallowing, or in protecting their airway, but the gastro-intestinal tract is otherwise functioning normally. If a patient has difficulty swallowing the liquid or soluble tablet form of the medicine may be considered. The doctor must consider the need to prescribe oral medicines by an alternative route or formulation. The clinical pharmacist may be consulted for advice.
- **Fasting** – oral medicines may be given with enough water, up to 100mL for adults and up to 30mL for children, to allow adequate swallowing, except within 30 minutes of the operation or procedure to be undertaken. If a dose of an oral medicine is prescribed within 30 minutes of the operation or procedure, the anaesthetist or clinician undertaking the procedure must be consulted for advice. Rationale – for safety reasons, patients should not eat or drink prior to anaesthesia. Clear fluids are rapidly cleared from the stomach, but food is not. The fasting period for solid food or formula milk is 6 hours, for breast milk 4 hours and for clear non-particulate and non-carbonated fluids, other than those required for swallowing medicines, 2 hours. See local guidance as to which medicines should or should not be administered.

The Procedure:

- 1.0 A doctor, speech and language therapist, suitably trained nurse or other suitably trained practitioner, must decide the status of the patient, communicate it to the nurse and the clinical pharmacist, and document it in the patient's record.
- 2.0 The nurse must place the appropriate sign indicating the patient's status in a prominent position at the patient's bedside.

- 3.0 The patient must be reviewed regularly, and the status updated accordingly. Note that review is important when theatre times are changed, for example.
- 4.0 Local policies, or surgeon's instructions for individual patients, must be available for post-operative fasting.

Associated materials/references:

[The Safe Use of Medicines Policy](#)