The University of Arkansas for Medical Sciences
SICU Clinical Practice Management Guideline

SUBJECT: Perioperative Tube Feeding

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APPROVED: 09/2023
UPDATED: 07/2025
EFFECTIVE: 07/22/2025

PURPOSE: To safely minimize the amount of perioperative fasting in critically ill surgical patients.

Inclusion Criteria:

- Patients who are scheduled for surgery in the operating room.
- Patients receiving gastric feeds with an airway device in place (either a cuffed endotracheal tube or tracheostomy)
- Patients receiving post-pyloric feeds (e.g., Dobhoff or G-J tubes)

Exclusion Criteria *for the gastric feeding component of this protocol include:*

- Patients receiving gastric feeds without an airway device in place (either a cuffed endotracheal tube or tracheostomy)
- Planned airway manipulation (including tracheostomy insertion)
- Patients undergoing procedures necessitating prone positioning
- For complex cases, such as gastrointestinal tract surgery, a face-to-face conversation between the STICU and Anesthesiology Teams is required.
    - *For exclusions, the patient will be NPO after midnight.*
    - *Unless the case is a same-day add-on, the patient will be NPO once the case is posted*
    - *with a minimum fasting time of 6 hours.*

PROCEDURE:

- There will be no automatic NPO status after midnight.
- The bedside nurse is to make the patient NPO (nil per os) once the patient is called for the operating room.
- The bedside nurse will suction the stomach unless no orogastric/nasogastric tube (OGT/NGT) is present, in which case an OGT will be inserted for this purpose (inserted intra-operatively by an anesthesiologist).
- The volume of suctioned content is to be recorded in EPIC in the output section, based on the volume recorded in the anesthesia chart/ handoff form.

Patients receiving **Post-pyloric feeds (**Dobhoff or G-J tube)

- Nutrition will not be stopped and will continue in the operating room regardless of airway status.
- Insertion of an OGT/NGT for suctioning is not necessary in patients receiving enteric (post-pyloric) feeds.

Any patients receiving gastric feeds without a secure airway device in place will be kept NPO (nil per os, meaning no oral intake) after midnight, before surgery. If the case is a same-day add-on, the patient will be NPO once the case is posted, with a min fasting time of 6 hours.

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