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## Improving patient outcomes through better perioperative nutrition

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**Background:** Instructing patient to be kept nil by mouth (NBM) has long been part of perioperative practice, to reduce the risk of aspiration during induction of anaesthesia. Recent evidence suggests that the standard 6 hours for solids and 2 hours for liquids are likely longer than necessary and prolonged fasting may cause harm. Therefore any patients being kept NBM for longer than this time may be subject to unnecessary harm.

**Objectives:** To use patient's medical notes to determine the average NBM time for patients undergoing emergency surgery at University Hospital Lewisham.

**Standards:** No patient should be kept nil by mouth for longer than 6 hours prior to induction of anaesthesia.

**Methods:** Retrospective data was collected from patients' paper and electronic notes. NBM time and anaesthesia induction time were recorded. Total NBM times were analyzed and displayed graphically compared to the standard NBM time of 6 hours.

**Findings:** The standard was generally poorly met, as most patients remained NBM for longer than necessary. The mean NBM time was 696 minutes (11 hours 36 minutes), nearly double the recommended fasting time.

**Recommendations:** Senior staff member should review NBM times as part of management plan and post take ward round. A surgical clerking pro forma should be developed with a section specifying NBM time. All clinical staff should be educated on dangerous of prolonged as well as insufficient NBM times. Teams sharing CEPOD list should improve communication to avoid unnecessary fasting. Currently there is limited meaningful communication between general surgery, gynaecology, trauma and orthopaedic and emergency surgery teams.

### Biography

Gavin Stead is a doctor working for the NHS in London. His clinical expertise lies in general and emergency medicine with an interest in intensive care. He has a Master's by Research in Medical and Molecular Bioscience and Lead his own technical research project in Molecular Nanotechnology. Within the NHS he has lead numerous audits and quality improvement projects and has published research in both Orthopaedics and Infectious Gastroenterology. He has experience working abroad in a variety of settings including very low resource settings and refugee camps. He intends to get further experience abroad before completing a PhD and training as an Intensive Care Anaesthetist.

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