

AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Toolkit Overview

Refer to the AHS *Pre-operative Fasting and Carbohydrate* Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Resources in **bold** are included in the **Guideline Implementation Toolkit**, available at www.ahs.ca/SurgerySCN

Purpose of the overview:	To provide a comprehensive collection of resources and tools to support Zone/ site leaders and teams in planning, improving, and/ or monitoring the local implementation of the AHS Pre-operative Fasting and Carb Loading Guideline .
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About the Guideline: Implementation Toolkit

Who:	For Zone/ site leaders and teams
What:	A collection of resources and tools to support three key areas of successful sustainable change. <ul style="list-style-type: none"> a. Communication for sustainable change b. Monitoring and issues tracking c. Education resources for health care providers and patients
When:	When organizing the planning, improving, and/ or monitoring of Zone/ local implementation of the AHS Pre-operative Fasting and Carb Loading Guideline .
Why:	To support Zone/ site leaders and teams to <ul style="list-style-type: none"> a. Become familiar with pre-operative fasting and carb loading recommendations, practices, and evidence b. Prepare an action plan for successful and sustainable implementation and improvements including monitoring and tracking c. Document, communicate, change, and reinforce pre-operative fasting and carb loading practices with patients and healthcare teams

* Carb = carbohydrate

Step by step information on using the **Guideline: Implementation Toolkit**

- 1:** Review all the tools and resources as outlined in the **Guideline: Implementation Toolkit Contents List**, especially

- **AHS Pre-operative Fasting and Carb Loading Guideline** available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>
- **Guideline: Questions and Answers**, available at www.ahs.ca/SurgerySCN

Email ERASAlberta@ahs.ca to request specific Microsoft Office templates tools to locally adapt or customize, specified in the **Guideline: Implementation Toolkit Contents List**.

Note: The following are restricted AHS-owned documents and **must not to be altered, adapted or changed in any way under AHS legal copyright**.

- *AHS Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline*
- *AHS Pre-operative Fasting and Carb Loading Guideline: Questions and Answers for Health Care Providers*
- *AHS Eating and Drinking Before Surgery: Patient Instructions*, six versions
- *AHS When to Stop Eating and Drinking Before Surgery: Patient Timetable*
- *AHS Eating and Drinking Before Surgery Patient Instructions: Quick References for Health Care Providers*
- *AHS Carb Loading: Assessment Algorithm and Quick Tips for Health Care Providers*

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- 2:** Assemble a Zone and/ or local site team. Establish leadership and supports.
- 3:** Outline team roles and responsibilities using the **Guideline: Implementation RASCI Chart**.
- 4:** Decide on a launch date and document timelines for specific required actions leading up to the launch date using the **Guideline: Implementation Timeline and Activities Tracker**.

In order to build sustainable change, it is important to ensure

- a. Relevant staff and clinician orientation and ongoing education resources are updated

- b. Patient education resources are updated and replaced including ordering, stocking, and storing
- c. All previous electronic files and outdated print materials are deleted or destroyed

5: Create and verify the current pre-operative fasting and carb loading processes using the **Guideline: Implementation Process Map** to understand the current pre-operative fasting and carb loading practices in the Zone and/ or local site.

Use the process map to plan out required next steps and actions for successful implementation and/ or improvements. This may involve changes to current processes.

6: Develop a communications plan using the **Guideline: Implementation Communication Tool**.

Consider all the groups who need know believe, know or do something different related to pre-operative fasting and carb loading practices. Select at least three different ways to communication with multiple groups.

An example of a communication activity is to send out a communication **Guideline: Implementation Memorandum** to key leaders, clinicians, and staff along with the **Guideline: Questions and Answers**.

7: Order and replace out dated patient information, and replace with the appropriate **Patient Instructions**, six versions and **Patient Timetable**. It is important to provide accurate, appropriate, and consistent information to patients on when and what to eat and drink, and when to stop before surgery.

8: Ensure staff in Pre-admission Clinics and surgeons' office use the **Patient Instructions: Quick References** to guide them in

- a. accessing and selecting the correct version of eating and drinking instructions for specific patients
- b. reviewing and explaining consistent information with patients in order to ensure patients arrive for their surgery safety and appropriately fasted

Ensure staff in areas where patients arrive on the day of their surgery use the **Carb Loading: Assessment Algorithm and Quick Tips** to assess if a patient has ready had their clear juice carb load as appropriate, or if they are within a timeframe that they can safety have a clear juice carb load as appropriate.

Note: The current recommendation is to **avoid carb loading patients with diabetes mellitus** until prospective trials have been completed. Clinicians should use independent medical judgement in the context of individual clinical circumstances.

- 9:** Use the **Guideline: Implementation Monitoring Tools** to plan and implement ongoing monitoring of pre-operative fasting and carb loading best practices on patient safety and the Operating Room (OR) schedule, and to track any other issues related to implementation.
- 10:** Send any feedback or suggestions on the Implementation Toolkit to ERASAlberta@ahs.ca. Your input and ideas are appreciated and will help make future Implementation Toolkits better.

To request a consultation with a member of the ERASAlberta provincial coordination team on sustainable implementation approaches, please email ERASAlberta@ahs.ca.

Prepared by ERASAlberta, Surgery Strategic Clinical Network™

To find out more about the Surgery SCN, visit www.ahs.ca/SurgerySCN

Last Updated July 23, 2019

AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Toolkit Contents List

Refer to the AHS *Pre-operative Fasting and Carbohydrate* Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Resources in **bold** are included in the **Guideline Implementation Toolkit**, available at www.ahs.ca/SurgerySCN

Resources Tool Name [†]	Intended User	Description and Objective(s)	Resource Location
Communication for Sustainable Change Resources and Tools			
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Toolkit Overview	Zone/ site leadership and teams	An outline of the resources and tools available in the Guideline: Implementation Toolkit , and the recommended steps in planning, improving, and/ or monitoring of Zone/ local implementation of the AHS Pre-operative Fasting and Carb Loading Guideline .	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Toolkit Contents List	Zone/ site leadership and teams	A list of the resources and tools available in the Guideline: Implementation Toolkit to support planning, improving, and/ or monitoring of Zone/ local implementation of the AHS Pre-operative Fasting and Carb Loading Guideline .	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN

* Carb = carbohydrate

[†] **Bold** = resource/ tool short name

Resources Tool Name†	Intended User	Description and Objective(s)	Resource Location
AHS Pre-operative Fasting and Carb Loading Guideline: Questions and Answers for Health Care Providers	Clinicians and staff in perioperative care areas	A resource for clinicians and staff to provide information and background on pre-operative fasting and carb loading practices and exceptional circumstances.	AHS Surgery SCN available at www.ahs.ca/SurgerySCN
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation RASCI Chart Excel file available upon request from ERASAlberta@ahs.ca	Zone/ site leadership and teams	A tool to clearly outline the various roles and their responsibilities involved in successful and sustainable implementation of pre-operative fasting and carb loading practices as per the AHS Pre-operative Fasting and Carb Loading Guideline .	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Timeline and Activities Tracker Excel file available upon request from ERASAlberta@ahs.ca	Zone/ site leadership and teams	A tool to list and track timelines and activities that will support successful and sustainable implementation of pre-operative fasting and carb loading practices as per the AHS Pre-operative Fasting and Carb Loading Guideline .	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Process Map PowerPoint file available upon request from ERASAlberta@ahs.ca	Zone/ site leadership and teams	A tool to map out and increase understanding of current processes including steps, decisions, and documentation that may require adjustment to reach the desired future state of pre-operative fasting and carb loading practices as per the AHS Pre-operative Fasting and Carb Loading Guideline .	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN

Resources Tool Name†	Intended User	Description and Objective(s)	Resource Location
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Communication Tool Word file available upon request from ERASAlberta@ahs.ca	Zone/ site leadership and teams	A tool to ensure key messages are communicated in a timely manner to the right people using appropriate delivery methods during the implementation of pre-operative fasting and carb loading practices as per the AHS Pre-operative Fasting and Carb Loading Guideline.	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Memorandum Sample Only Word file available upon request from ERASAlberta@ahs.ca	Zone/ site leadership and teams	A sample template to illustrate written communication with site leaders, units, teams, and other stakeholders.	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN
Monitoring and Issues Tracking Tools			
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Monitoring Tools Word file available upon request from ERASAlberta@ahs.ca	Zone/ site leadership and teams	Tools to monitor and track important patient safety and operational flow risks, and issues related to pre-operative fasting and carb loading implementation.	Guideline Implementation Toolkit, AHS Surgery SCN available at www.ahs.ca/SurgerySCN
Education Resources for Health Care Providers and Patients			
AHS Eating and Drinking Before Surgery: Patient Instructions , six versions Sample Only	Patients, families, the public Pre-admission Clinic and surgeons' offices staff	A resource for patients with specific instructions on what to eat and drink before surgery, and when to stop eating and drinking, along with important safety information.	MyHealth. Alberta.ca , available at https://myhealth.alberta.ca/alberta/Pages/Your-Surgery-Resources.aspx

Resources Tool Name†	Intended User	Description and Objective(s)	Resource Location
AHS When to Stop Eating and Drinking Before Surgery: Patient Timetable	Patients, families, the public Pre-admission Clinic and surgeons' offices staff	A resource for patients to help calculate times to stop eating and drinking before surgery.	MyHealth. Alberta.ca , available at https://myhealth.alberta.ca/alberta/Pages/Your-Surgery-Resources.aspx
AHS Eating and Drinking Before Surgery Patient Instructions: Quick References for Health Care Providers	Pre-admission Clinic and surgeons' offices staff	A resource for health care providers to select and order in print or access online the correct Eating and Drinking Before Surgery: Patient Instructions , six versions; and to provide an overview and key talking points for the patient instructions including diabetic considerations.	AHS Surgery SCN available at www.ahs.ca/SurgerySCN
AHS Carb Loading: Assessment Algorithm and Quick Tips for Health Care Providers	Clinicians and staff in perioperative care areas	A resource for health care providers with quick tips to adequately assess upon arrival at the surgical site on the day of surgery whether a patient has carb loaded and when to provide the clear juice carb load if appropriate.	AHS Surgery SCN available at www.ahs.ca/SurgerySCN

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Last Updated July 24, 2019

AHS Pre-operative Fasting and Carb Loading Guideline: Questions and Answers

1. What is pre-operative fasting? What is the source of evidence?	1
2. What is pre-operative carb loading? What is the source of evidence?.....	2
3. Why do pre-operative fasting and carb loading practices need to be standardized across Alberta?	2
4. Who is involved in pre-operative fasting and carb loading?.....	2
5. What patient instructions are available? What should patients be instructed to do?.....	2
6. Do patients have to get up at night to eat a final snack or consume a carb load?	3
7. What happens if a patient doesn't drink a clear juice carb load before arriving at the hospital?	3
8. Does carb loading apply to patients with diabetes?.....	3
9. What happens if a patient situation is outside of the parameters provided in the guideline? Does this guideline apply to emergent or urgent cases?	3
10. What happens if a patient does not meet minimum fasting times?	3
References:	4

Refer to the AHS *Pre-operative Fasting and Carbohydrate* Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Resources in **bold** are included in the **Guideline Implementation Toolkit**, available at www.ahs.ca/SurgerySCN

1. **What is pre-operative fasting? What is the source of evidence?**

According to the Canadian Anesthesiologists' Society (CAS) *Guidelines to the Practice of Anesthesia, Revised Edition (2019)*, the minimum duration of pre-operative fasting for adults before scheduled procedures should be

- 8 hours after a meal that includes meat or fried or fatty foods
- 6 hours after a light meal (such as toast and a clear fluid)
- 2 hours after clear fluids

* Carb = carbohydrate

2. What is pre-operative carb loading? What is the source of evidence?

According to the AHS *ERAS Nutrition Working Group Consensus: Juice as Carbohydrate Loading Products*, all adult patients undergoing surgery may benefit from a carb load of 500 mL of clear apple juice or cranberry cocktail 2 to 3 hours prior to surgery time. Carb loading helps patients undergo surgery in a metabolically fed state which reduces surgical stress on patients, accelerates their recovery, and contributes to reductions in post-surgical complications. The clear juice carb load is to be consumed by patients at 3 hours before surgery time, prior to patients stopping drinking.

3. Why do pre-operative fasting and carb loading practices need to be standardized across Alberta?

Pre-operative fasting and carb loading practices standardized across Alberta

- contributes to patient safety by minimizing the risk of aspiration for all patients based on current evidence from *CAS Guidelines to the Practice of Anesthesia, Revised Edition (2019)*
- avoids unnecessary prolonged fasting for all patients
- prevents Operating Room delays due to inadequate patient fasting
- ensures all patients undergoing surgery are in a metabolically fed and hydrated state which has been shown to enhance patient recovery from surgery

4. Who is involved in pre-operative fasting and carb loading?

Surgeons, surgeons' office staff, anesthesiologists, nursing, allied health, and site operations leadership need to be familiar with the information given to patients, the evidence for minimum pre-operative fasting times, and when to appropriately provide patients with a clear juice carb load. Patients and families need to receive clear, consistent messages from all sources about pre-operative fasting and carb loading to arrive appropriately fasted before surgery.

5. What patient instructions are available? What should patients be instructed to do?

The AHS Eating and Drinking Before Surgery: **Patient Instructions**, six versions are available for clinicians to use in multiple formats including print from DataOnline for surgeons' offices and Pre-admission Clinics, and online for patients at MyHealth.Alberta.ca.

Standardized provincial instructions promotes consistent messages to patients and their families about pre-operative fasting and carb loading from all providers along the surgical care pathway. Refer to the **Patient Instructions: Quick References** for details on how to select, order, and use the six versions of patient instructions for specific patient and clinical situations: Non-Diabetic; Non-Diabetic, With Bowel Prep; Non-Diabetic, Fasting Only; Non-Diabetic, With Bowel Prep, Fasting Only; Diabetic; Diabetic, With Bowel Prep.

Patients should be instructed to stop eating at 8 hours before surgery and to stop drinking at 3 hours before surgery. This allows for a 'buffer' zone of 2 extra hours for solid food and 1

extra hour for clear fluids compared to the CAS minimum fasting guidelines, i.e., the patient instructions time are longer than the minimum fasting times. This provides flexibility as needed in the Operating Room schedule. The AHS **When to Stop Eating and Drinking Before Surgery: Patient Timetable** may be used to assist patients and health care providers in determining exact times to stop eating and drinking before scheduled surgery times.

6. Do patients have to get up at night to eat a final snack or consume a carb load?

While beneficial, eating a final snack or consumption of a clear juice carb load is not required for a surgical intervention to proceed. Non-consumption of a final snack or a clear juice carb load is not a reason to delay or cancel a surgical intervention.

7. What happens if a patient doesn't drink a clear juice carb load before arriving at the hospital?

Patients should be assessed in the day of surgery admission unit or area using the **Carb Loading: Assessment Algorithm and Quick Tips** to determine whether they have consumed a clear juice carb load, if appropriate. Patients who have not consumed a clear juice carb load and are admitted greater than 3 hours prior to a scheduled surgery may be provided with 500 mL of clear apple juice or cranberry cocktail, if appropriate.

8. Does carb loading apply to patients with diabetes?

The current AHS Provincial Clinical Knowledge Topics (*Perioperative Management of Patients with Diabetes Mellitus; Enhanced Recovery for All Surgeries*) recommendation is to **avoid carb loading patients with diabetes mellitus** until prospective trials have been completed.

9. What happens if a patient situation is outside of the parameters provided in the guideline? Does this guideline apply to emergent or urgent cases?

Clinical judgment may be exercised when a situation is determined to be outside the parameters of the **AHS Pre-operative Fasting and Carb Loading Guideline** including considerations for age and preexisting medical conditions. The guideline does not apply to pediatric patients. Any deviation from the guideline that is determined to be clinically appropriate or necessary must be documented with rationale in the patient's health record. Health care providers need to assess emergent or urgent cases on an individual basis related to pre-operative fasting and carb loading, considering the risk of delaying surgery vs the risk of aspiration of gastric contents.

10. What happens if a patient does not meet minimum fasting times?

Reasonable clinical judgment should be used if the last times or types of food or drink consumed do not meet the minimum fasting times (see Question 1). Considerations for delaying or cancelling surgery related to minimum pre-operative fasting guidelines need to be done in consultation with the surgical site team and site leadership as per site local practices. Documentation along with rationale must be completed in the patient's health record.

References:

AHS *Eating and Drinking Before Surgery: Patient Instructions*. (2019). Retrieved from <https://myhealth.alberta.ca/alberta/Pages/Your-Surgery-Resources.aspx>

AHS *ERAS Nutrition Working Group Consensus: Juice as Carbohydrate Loading Products*. (2019). Retrieved from Appendix A of <https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-enhanced-recovery-for-all-surgeries-adult-inpatient.pdf>

AHS *Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline*. (2019). Retrieved from <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

AHS *Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient, V 1.0*. (2019). Retrieved from <https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-perioperative-diabetes-guidelines-adult-inpatient.pdf>

AHS *Provincial Clinical Knowledge Topic: Enhanced Recovery for All Surgeries, Adult – Inpatient, Ambulatory V 1.1*. (2019). Retrieved from <https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-enhanced-recovery-for-all-surgeries-adult-inpatient.pdf>

AHS *Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline: Implementation Toolkit*. (2019). Retrieved from <https://www.albertahealthservices.ca/scns/Page9378.aspx>

Canadian Anesthesiologists' Society (CAS) *Guidelines to the Practice of Anesthesia, Revised Edition* (2019). Retrieved from <https://www.cas.ca/en/practice-resources/guidelines-to-anesthesia>

DataOnline at <https://dol.datacm.com>

MyHealth.Alberta.ca at <https://myhealth.alberta.ca>

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Last Updated July 23, 2019

AHS Pre-operative Fasting and Carb Loading Guideline: Implementation RASCI Chart

- WHAT** The RASCI chart is a simple tool to assign roles and responsibilities to team members during an organizational change process or project. The chart supports discussion, agreement and communication of the various roles and responsibilities for successful and sustainable implementation of your change initiative.
- WHC** The RASCI matrix is to be completed collaboratively by the site implementation team.
- WHEN** Complete the RASCI matrix when preparing for implementation.
- HOW** Use the chart to identify the various roles in this process (people, groups or departments). Clarify responsibilities of all identified roles for each task listed. Not all roles have responsibilities towards a specific task and one task may be associated with multiple roles. Use the letters from the "RASCI" acronym to identify each role's responsibility in the project/process.
- Step 1:** List high level project activities/tasks in Column A (use action verbs to describe the activity).
- Step 2:** List all involved roles in row 2 (individual, groups or departments).
- Step 3:** Go through the tasks as a team and fill in the cells according to individuals/groups/departments responsibility for each activity/task.

R = Responsible; A = Accountable; S = Supportive; C = Consulted; I = Informed

Responsible: individual responsible for completing the activity

Accountable: the person to whom "R" is Accountable; the authority who provides approval and sign off

Supportive: provides resources or plays a supporting role

Consulted: provides information and/or expertise

Informed: needs to be notified of results but need not necessarily be consulted

Refer to the **AHS Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline**

for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

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Last Updated July 18, 2019

AHS Pre-operative Fasting and Carb Loading Guideline: Implementation RASCI Chart

Activity		Site Exec Director	Site Operations Lead	Anesthesia Chief	Surgeon Chief	Unit Manager	Clinical Nurse Educator
1	Create communications plan	R	A	C	C	R/S	S
2	Inform Quality Council	R	A	I	I	A	I
3	Task 3						
4	Task 4						
5	Task 5						
6	Task 6						
7	Task 7						
8	Task 8						
9	Task 9						
10	Task 10						
11	Task 11						
12	Task 12						
13	Task 13						
14	Task 14						
15	Task 15						

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Responsible: individual responsible for completing the activity

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Last Updated July 18, 2019

AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Timeline and Activities Tracker

- WHAT** The *Timeline and Activities Tracker* is a simple tool to track activities and dates with suggested timelines for implementation. The tool supports discussion, agreement and communication of important actions and tasks that need to be completed prior to launch for implementation success.
- WHO** The *Timeline and Activities Tracker* is to be completed collaboratively by the site implementation team.
- WHEN** Complete the *Timeline and Activities Tracker* when preparing for implementation.
- HOW** Use the table in the "Timelines and Activity Tracker" tab to list all activities and tasks that will lead up to the implementation launch date.
- Step 1:** Start by adding the planned launch date to the top of the list.
- Step 2:** List all required activities/tasks and suggested dates (Column A) that lead up to the launch date. The template provides suggestions on key activities for implementation preparation and when they should be completed by, compared to the launch date. Add additional activities as needed.
- Step 3:** Assign a responsible person/group (Column C) to complete the activity and add the completion date (Column E) once the task has been completed.
- Step 4:** Use the comments section (Column D) to add additional notes.

Refer to the **AHS Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline**

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AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Timeline and Activities Tracker

Date	Activity	Responsible Person/Group	Notes	Date Completed
Insert Launch Date	LAUNCH DATE			
16-20 weeks prior	Review Guideline: Implementation Toolkit			
16-20 weeks prior	Complete current state assessment by completing Guideline: Implementation Process Map			
16-20 weeks prior	Identify members of site implementation team and complete the Guideline: Implementation RASCI Chart			
16-20 weeks prior	Take AIW courses through My Learning Link Review the AIW tools and resources on Insite			
16-20 weeks prior	Schedule site implementation meetings			
16-20 weeks prior	Hold implementation planning kick off meeting			
16-20 weeks prior	Develop implementation and communications plan using the Guideline: Implementation Communications Tool and Memorandum Sample			
16-20 weeks prior	Develop an evaluation plan			
8-16 weeks prior	Send out initial communication			
8-16 weeks prior	Develop staff education plan using the Guideline: Implementation Communications Tool and Guideline: Questions and Answers			
8 weeks prior	Develop patient education strategies, i.e. when and how will patients receive AHS Eating and Drinking Before Surgery: Patient Instructions . Use the Patient Instructions: Quick References to order new print resources.			
8 weeks prior	Send out further communications as per Communications Tool			
2-4 weeks prior	Host staff education sessions using the Guideline: Questions and Answers and Patient Instructions: Quick References			
3 weeks prior	Plan and execute transition of resources. Ensure current provincial resources such as Patient Instructions are available. Remove any outdated resources. Order clear apple juice or cranberry cocktail for pre-op care areas as applicable.			
3 weeks prior	Plan launch celebration			
2 weeks prior	Send out further communications as per Communications Tool			
2 weeks prior	Double check current provincial resources such as Patient Instructions are available. Remove any outdated resources.			
Launch week	Host launch celebration			
date	Monitor and Track patient safety, operating room delays and other implementation issues with Guideline: Implementation Monitoring Tools			
date	activity			
date	activity			
date	activity			
date	activity			

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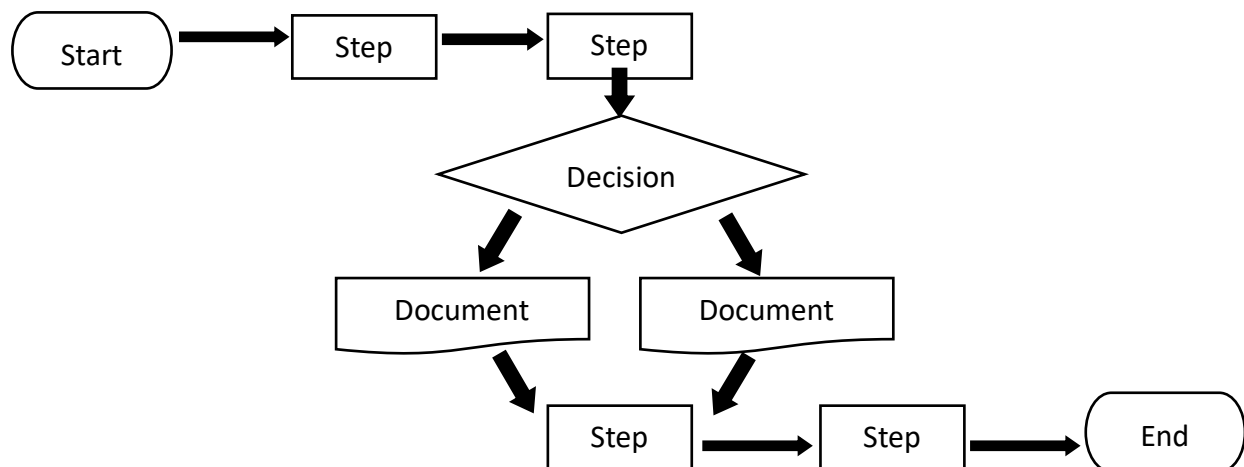
AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Process Map

Refer to the AHS *Pre-Operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Process Map Instructions

1. Build a process map to create a complete “picture” of the pre-operative fasting and carb loading process.
2. Note all the steps in the process through observation or group discussion.
3. Identify a name for each step and enter it into the appropriate shape on the process map. Use ovals for the first and last steps, rectangles for activities, diamonds for decisions and wavy edge rectangles for documents. The map can flow left to right, top to bottom or a combination of the two.
4. Connect the shapes using the arrows.
5. Verify and validate the process map. Show the map to people who are involved in the process but were not part of the mapping exercise to confirm steps, decisions or documents have not been missed.

Process Map Sample

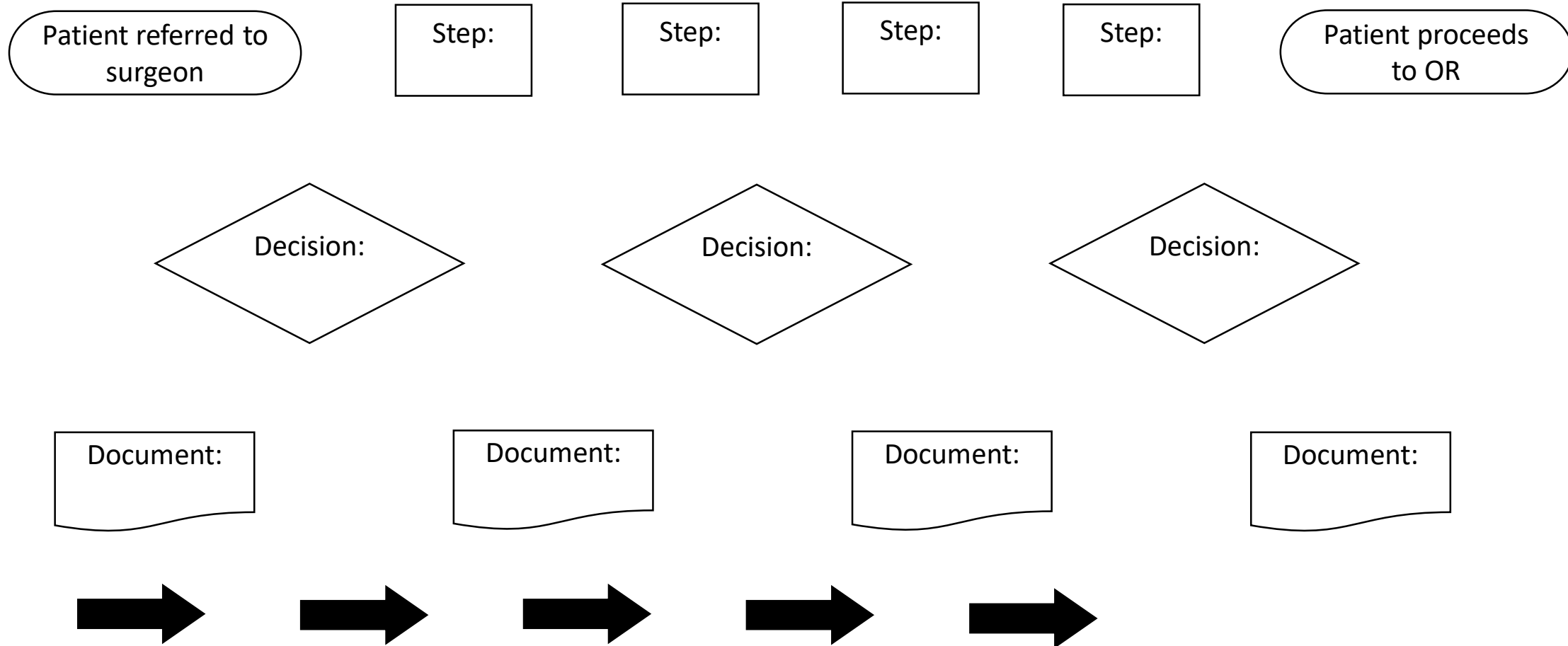


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CURRENT or FUTURE STATE: Site Facility Name
AHS Pre-operative Fasting and Carb Loading
Guideline: Implementation Process Map



Date Completed: _____, Input from (names): _____
Completed by: _____

AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Communication Tool

Plan it	1
Steps to getting it done.....	2
What (communication objective)	2
Why (purpose).....	2
How (delivery method)	4
When (timelines)	4
Build it	5
Key Messages.....	5
Learn from it.....	8
Communication evaluation	8

Refer to the *AHS Pre-operative Fasting and Carbohydrate* Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

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Plan it

Be realistic about what communication tactics can achieve—and how quickly they can achieve it. While communication can help change the way people see an issue or persuade people to make a certain decision, a significant attitude shift from a single communication effort is unlikely.

“Effective frequency” describes the number of times a message should be repeated in order for the target audience to hear and take action. The range is anywhere from 3 to 14 times. For example, start with the posters or display, then send out a mass email and follow it up with a staff meeting to review the information, and a further virtual question and answer session. This is especially necessary when requesting a change of practice, attitude or beliefs from your audience.

* Carb = carbohydrate

Steps to getting it done	Assigned	Completion date
Collaborative planning meeting with team		
Define what is being standardized for whom by when <ul style="list-style-type: none"> • Surgical types • Patient population • Clinical practices • Impacted clinician and staff groups • Workflow changes • Launch date • Monitoring period 		
Complete the AHS <i>Pre-operative Fasting and Carb Loading Guideline: Implementation RASCI Chart</i> to outline Who is assigned to be responsible, accountable, supporting, consulted, or informed		
Develop communication objectives and purpose		
Build communication pieces		
Review with team		
Finalize communication pieces		
Distribute communication pieces		
Evaluate communication pieces		
Report results to team		

What (communication objective) what people need to know, be aware of, believe or do, e.g., stakeholders understand change timelines	Why (purpose) purpose or aim of the communication related to the What, e.g., to prepare for the change
Refer to the AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Toolkit resources <ul style="list-style-type: none"> • AHS Pre-operative Fasting and Carb Loading Guideline • AHS Pre-operative Fasting and Carb Loading Guideline: Questions and Answers for Health Care Providers • AHS Pre-operative Fasting and Carb Loading Guideline: Implementation Memorandum • AHS Eating and Drinking Before Surgery: Patient Instructions, six versions • AHS When to Stop Eating and Drinking Before Surgery: Patient Timetable • AHS Eating and Drinking Before Surgery Patient Instructions: Quick References for Health Care Providers • AHS Carb Loading: Assessment Algorithm and Quick Tips for Health Care Providers 	

	What (communication objective) what people need to know, be aware of, believe or do, e.g., stakeholders understand change timelines	Why (purpose) purpose or aim of the communication related to the What, e.g., to prepare for the change
Objective #1	Patients need to receive clear consistent messages from all sources i.e., surgeons' office staff, surgeons, anesthesiologists, preadmission clinic staff, operating room booking staff about 1) why following the patient instructions is important for their safety and recovery, 2) when to stop eating and drinking before their surgery, and 3) when and what to drink for a carb load before their surgery	Patients who receive clear consistent messages about eating and drinking before surgery are more likely to follow the instructions of stopping eating and drinking well within the minimum fasting times.
Objective #2	Physicians, site leaders and staff need to know at least 4 weeks ahead 1) why pre-operative fasting and carb loading is being standardized across the site, 2) what specific patient eating and drinking before surgery instructions and minimum fasting times on the day of surgery are being standardized across the site, 3) what carb loading is and why it's important 4) why there is a 'buffer' time zone between the stop eating and drinking times in the patient instructions and the <i>Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia, Revised Edition (2019)</i> recommended minimum fasting times to be assessed on the day of surgery, 5) when the changes will begin for all scheduled surgery patients in clinical areas, and 6) how and where specific work/practices likely need to change to accommodate for the change.	Physicians, site leaders and staff need specific, evidence-informed, and relevant information on the standardization of pre-operative fasting and carb loading for patients across the site, with enough time and opportunity to plan and provide feedback on specific workflow changes and address any questions or concerns related to the change to increase acceptance and buy-into the changes, and minimize risks to patient safety and OR slate scheduling.
Objective #3	Physicians, site leaders and staff need to feel involved, supported by clinical and operational leadership, and well prepared for standardized pre-operative fasting and carb loading guidelines for all patients undergoing scheduled surgical intervention as of launch date across the site.	Physicians, site leaders and staff who feel involved, supported and prepared for pre-operative fasting and carb loading side wide standardization are more likely to confidently test and put the clinical changes into practice with less hesitation and risk of resistance.

	What (communication objective) what people need to know, be aware of, believe or do, e.g., stakeholders understand change timelines	Why (purpose) purpose or aim of the communication related to the What, e.g., to prepare for the change
Objective #4	Physicians, site leaders and staff need to know the pre-operative fasting and carb loading standardization aligns with the <i>Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia, Revised Edition (2019)</i> , and international Enhanced Recovery After Surgery guidelines.	Physicians, site leaders and staff who know there is solid evidence, provincial and national alignment and organizational support for pre-operative fasting and carb loading standardization will feel more confident in making the clinical practice changes and less concerned about potential patient safety risks.
Objective #5	Physicians, site leaders and staff need to know any impact, positive or negative, of the pre-operative fasting and carb loading site-wide standardization. Clinical practice changes and process measures will be monitored and reported back with opportunities for improvement as needed.	Physicians, site leaders and staff who know there is site-wide monitoring of impacts to patient care, provider workflow and OR schedules will feel more confident in making the clinical practice changes and less concerned about potential patient safety or operational risks.

Who (audience) what groups or people (audiences) need to know about the What and Why? e.g., what is the specific change, what are the supporting resources, who and how to ask for help	Objective # from What/Why Chart
Site Operations <ul style="list-style-type: none"> ○ Executive ○ Managers ○ Other 	
Clinicians (Surgery and Anesthesiology) <ul style="list-style-type: none"> ○ Surgery ○ Anesthesiology ○ Site/Zone Medical Director ○ Other 	
Management and Staff: <ul style="list-style-type: none"> ○ Surgeons' offices ○ Pre-admission Clinic ○ OR and OR Booking ○ Nutrition and Food Services ○ Other 	

How (delivery method) What are the options for reaching various groups/people? Consider timelines, time sensitivity, workload, who the audience will be, and who is sending or initiating the communication. For different audiences or different messages, the delivery method may be different.	When (timelines) when does the audience need to know about the What?

How (delivery method) What are the options for reaching various groups/ people? Consider timelines, time sensitivity, workload, who the audience will be, and who is sending or initiating the communication. For different audiences or different messages, the delivery method may be different.	When (timelines) when does the audience need to know about the What?

Build it

1. **Combine the What and Why chart** into multiple sentences, bullet points or paragraphs as needed.
2. **Consider the Who and How** to determine the format the message will take and if all audiences can receive the same message.
3. **Some messages may need to be tailored** to a specific audience group. Assign a letter to distinguish between the messages.

Key Messages		Obj #	Audience	Delivery Method	Sender	Freq
A	Consistent pre-operative fasting and carb loading messages need to be delivered to patients at surgeons' offices, Pre-admission Clinic, OR booking, in order to be effective.	1	Anesthesia, surgery, operations, site staff and surgeons' offices			
B	Patients will be instructed to stop eating at 8 hours before surgery time and stop drinking at 3 hours before surgery time to ensure their safety during surgery and to ensure the surgery proceeds as scheduled.	1	Anesthesia, surgery, operations and site staff, surgeons' offices			
C	Patient instructions on what to eat and drink before surgery and when to stop will provide a "buffer" time zone for patients who eat or drink beyond the safe minimum fasting time limits.	1	Anesthesia, surgery, operations and site staff			
D	Patient instructions on eating and drinking before surgery include a 'buffer' time period of 2 additional hours to stop eating and 1 additional hour to create flexibility to accommodate changes in patient condition and Operating Room schedules.	1	Anesthesia, surgery, operations and site staff			
E	Zone/ site is standardizing pre-operative fasting practices for all patients undergoing scheduled surgery with the addition of carb loading for patients as of launch date.	2	Anesthesia, surgery, operations, site staff and			

Key Messages		Obj #	Audience	Delivery Method	Sender	Freq
			surgeons' offices			
F	Standardizing pre-operative fasting and carb loading practices across the site will a) ensure patient safety by minimizing the risk of aspiration for all patients b) avoid unnecessary prolonged fasting for all patients c) prevent operating room delays due to inadequate patient fasting for all patients undergoing scheduled surgery.	2	Anesthesia, surgery, operations, site staff and surgeons' offices			
G	Patients may eat an optional final snack as outlined in the patient instructions as the last light meal prior to stopping eating at 8 hours prior to Surgery Time.	2	Anesthesia, surgery, operations, site staff and surgeons' offices			
H	Six versions of <i>AHS Eating and Drinking Before Surgery: Patient Instructions</i> have been developed for pre-operative staff to use as teaching tools in the context of individual clinical circumstances: Non-Diabetic, Non-Diabetic Fasting Only; Non-Diabetic With Bowel Prep; Non-Diabetic With Bowel Prep and Fasting Only; <u>Diabetic</u> ; <u>Diabetic With Bowel Prep</u> .	2	Anesthesia, surgery, operations, site staff and surgeons' offices			
I	Patients who have not carb loaded with clear juice within 3 hours of their surgery time will be offered 500 mL of apple juice or cranberry cocktail in specific surgery admission areas if this falls within the acceptable timeframe and is applicable.	2	Anesthesia, surgery, operations and site staff			
J	The clear juice carb load will be the last clear fluid prior to stopping drinking at 3 hours prior to Surgery Time.	2	Anesthesia, surgery, operations, site staff and surgeons' offices			
K	The carb load clear juice helps patients undergoing surgery to be in a metabolically fed state which reduces surgical stress on patients, accelerates recovery time, and has been shown to reduce length of stay and post-operative complications.	2	Anesthesia, surgery, operations, site staff and surgeons' offices			
L	Patients will be assessed for adherence to minimum fasting times and consumption of carb load if appropriate prior to surgery.	2	Anesthesia, surgery, operations and site staff			
M	Anesthesiologists, surgeons, leaders, nursing and allied health are strongly committed to delivering top quality evidence-informed surgical care.	3	Anesthesia, surgery, operations and site staff			

Key Messages		Obj #	Audience	Delivery Method	Sender	Freq
N	Anesthesiologists, surgeons, leaders and nursing and allied health care about delivering safe quality surgical care to their patients.	3	Anesthesia, surgery, operations and site staff			
O	Anesthesiologists, surgeons, leaders and nursing and allied health are leaders in Alberta in achieving site-wide excellence in surgical care.	3	Anesthesia, surgery, operations and site staff			
P	According to the AHS <i>Provincial Clinical Knowledge Topic: Enhanced Recovery for All Surgeries, Adult – Inpatient, Ambulatory, V 1.1</i> , all non-diabetic adult patients undergoing surgery would benefit from carb loading of 500 mL of clear apple juice or cranberry cocktail 3 hours prior to surgery time.	3	Anesthesia, surgery, operations, site staff and surgeons' offices			
Q	As per AHS <i>Provincial Clinical Knowledge Topic: Enhanced Recovery for All Surgeries, Adult – Inpatient, Ambulatory V 1.1</i> , and the AHS <i>Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient, V 1.0</i> , the recommendation is to avoid carb loading patients with diabetes mellitus until prospective trials have been completed.	3	Anesthesia, surgery, operations, site staff and surgeons' offices			
R	Any questions from health care providers about the patient instructions, minimum fasting guidelines or carb load clear juice should be directed to key contact person.	3	Site staff			
S	Any considerations of delaying or cancelling surgery related to minimum pre-operative fasting guidelines will be done in consultation with key site surgical services leaders.	3	Anesthesia, surgery, operations and site staff			
T	According to the <i>Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia, Revised Edition (2019)</i> , the minimum duration of pre-operative fasting before scheduled procedures should be: <ul style="list-style-type: none"> • 8 hours after a meal that includes meat or fried or fatty foods • 6 hours after a light meal (such as toast and a clear fluid) • 2 hours after clear fluids 	4	Anesthesia, surgery, operations and site staff			
U	Emergent or urgent procedures should be undertaken after considering the risk of delaying surgery vs the risk of aspiration of gastric contents. The type and amount of food ingested should be considered in determining the duration of fasting.	4	Anesthesia, surgery			
V	Clinicians should use independent medical judgement to determine any clinically	4	Anesthesia, surgery			

Key Messages		Obj #	Audience	Delivery Method	Sender	Freq
	necessary exceptions to the patient instructions and minimum pre-operative fasting guidelines, e.g., age or preexisting medical conditions.					
W	The AHS <i>Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults Guideline</i> highlights organizational expectations and support for evidence-informed standardized pre-operative fasting and carb loading practices across the province for all adult patients receiving scheduled surgical care.	4	Anesthesia, surgery, operations, site staff and surgeons' offices			
X	Clinical documentation in the patient's health record will include: provision of patient instructions, assessment of last food/fluids, and provision of carb load clear juice, any exceptions, and any delay or cancelation of surgery.	5	Site staff			
Y	Issues related to the standardization of pre-operative fasting and carb loading will be monitored and reported to leadership and clinical teams with opportunities for improvements to minimize risks, operating room delays or cancellations.	5	Anesthesia, surgery, operations and site staff			
Z	Lessons learned from pre-operative fasting and carb loading standardization will be shared to improve provincial standardization of surgical care.	5	Anesthesia, surgery, operations			

Learn from it

Communication evaluation	
Did any emails or communication come back?	Yes or No
Did the communication produce questions from the audience? How did they get asked (email, face to face, website)?	Yes or No
	Yes, include some questions asked and how
Were your timelines affected by anything unexpected?	Yes or No
	Yes, include reason(s) for delay or acceleration
Are there any quantitative values as a result of the communication? (# of activities, handouts given, or responses)	Yes or No
	Yes, include numbers for specific tactic(s)

Prepared by ERASAlberta, Surgery Strategic Clinical Network™

To find out more about the Surgery SCN, visit www.ahs.ca/SurgerySCN

Last Updated July 23, 2019

Memorandum

Date: [Date]
To: [Recipient information]
From: [Sender information]
Re: **Standardizing pre-operative fasting and carbohydrate loading at [Site facility name]**

To advance surgical quality and safety, the [Site facility name] is standardizing pre-operative fasting and carbohydrate loading (carb loading) practices for all [Specify surgery types and patient groups] patients undergoing surgery as of [Launch date]. The pre-operative fasting and carb loading practices are evidence based and follow the AHS *Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline* based on the Canadian Anesthesiologists' Society (CAS) *Guidelines to the Practice of Anesthesia, Revised Edition (2019)* and international Enhanced Recovery after Surgery (ERAS) Society *Guidelines*.

Standardizing pre-operative fasting and carb loading will: 1) ensure patient safety by minimizing the risk of aspiration, 2) avoid unnecessary prolonged fasting and enhance surgical recovery and prevent complications, and 3) prevent unnecessary operating room delays.

- **AHS Eating and Drinking Before Surgery: Patient Instructions** will inform patients to stop eating at 8 hours and stop drinking at 3 hours before surgery to ensure patient safety and prevent unnecessary operating room delays. Standardized provincial patient instructions will be distributed to [Specify unit/clinical area] by [Specify distribution date].
- **Minimum pre-operative fasting** guidelines will be followed for all surgical patients in [Specify unit/clinical area] in accordance with the AHS *Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline* and CAS *Guidelines (2019)*: 8 hours after a meal that includes meat or fried or fatty foods, 6 hours after a light meal such as toast and a clear fluid), and 2 hours after clear fluids.
- **Carb loading** instructions for non-diabetic patients will inform patients to drink 500 mL of clear apple juice or cranberry cocktail at 3 hours prior to surgery time. If patients are admitted more than 3 hours before their surgery **and** they have not consumed their carb load, they will be offered a clear juice carb load in [Specify unit/clinical area].

Education will be provided to clinicians and staff prior to [Specify date] to address questions and concerns. Patient safety, Operating Room flow, and implementation issues will be monitored by surgical services leadership and reported back to clinical/unit teams to address improvement opportunities.

We appreciate your support and commitment to standardizing pre-operative fasting and carb loading practices for our patients at [Site facility name] and welcome your feedback. Please forward any feedback, comments or concerns you may have to [Leadership name and contact].

AHS Pre-operative Fasting and Carbohydrate Loading Guideline: Implementation Monitoring Tools

WHAT/ WHY:	1
HOW:.....	1
Patient safety and operating room flow: Pre-operative fasting monitoring tool	2
Pre-operative fasting and carb loading guideline implementation: Issues tracker	3

Refer to the AHS *Pre-operative Fasting and Carbohydrate* Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Refer to the **Guideline Implementation Toolkit**, available at www.ahs.ca/SurgerySCN

WHAT/ WHY:

The use of monitoring tools provides data and information for site leadership and teams to adequately assess and evaluate the implementation of **AHS Pre-operative Fasting and Carb Loading Guideline** at a specific site or surgical service. It is important to monitor the implementation of the Guideline at a site or surgical service to identify unanticipated risks to patient care or operational areas, and address improvement opportunities.

HOW:

The following tools are designed to assist site leadership and teams to monitor and track important patient safety and operational flow risks, and issues related to pre-operative fasting and carb loading implementation.

1. Pre-operative fasting patient safety and Operating Room flow: Monitoring tool
2. Pre-operative fasting and carb loading guideline implementation: Issues tracker

Prepared by ERASAlberta, Surgery Strategic Clinical Network™

To find out more about the Surgery SCN, visit www.ahs.ca/SurgerySCN

Last Updated July 23, 2019

* Carb = carbohydrate

Patient safety and operating room flow: Pre-operative fasting monitoring tool

Site Name/ Zone: _____

Return to: _____ (Site Leader name and contact)

Urgent issue – Notify: _____ (Site Leader name and contact)

Instructions: Keep track of all patients that ate or drank **past** the **minimum fasting times** and all patients that **did not consume their carb load juice** if applicable.

Minimum fasting times: According to the Canadian Anesthesiologists' Society (CAS) *Guidelines to the Practice of Anesthesia, Revised Edition (2019)*, the minimum duration of pre-operative fasting for adults before scheduled procedures should be

- 8 hours after a meal that includes meat or fried or fatty foods
- 6 hours after a light meal (such as toast and a clear fluid)
- 2 hours after clear fluids

Carb loading: The clear juice carb load of 500 ml of clear apple or cranberry cocktail is to be consumed by patients at 3 hours before surgery time, prior to patients stopping drinking. Note: Patients that consumed their clear juice carb load juice after the 2 hour minimum fasting time should be marked as Yes carb loaded but No for meeting minimum fasting times.

Operating room flow and patient safety: Monitoring Patients NOT meeting pre-operative fasting minimum fasting times, and carb loading if applicable							
# of Patients not meeting minimum fasting times or appropriately carb loaded	Date	Minimum Patient Identifiers	Did patient meet minimum fasting times? Yes/ No	Did patient arrive carb loaded? Yes/ No	Consideration of delaying or postponing Yes/ No	Actual OR delay or postpone? Yes/ No	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Pre-operative fasting and carb loading guideline implementation: Issues tracker tool

Site Name/ Zone: _____

Return to: _____ (Site Leader name and contact)

Urgent issues Notify: _____ (Site Leader name and contact)

Instructions: Keep track of all issues that arise during the implementation of the pre-operative fasting and carb loading and identify mitigating actions during implementation.

Issue #	Date identified	Identified by	Details	Mitigation Actions (actions planned and/or taken to address issue; outcomes of actions where relevant)	Date resolved
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Eating and Drinking Before Surgery: Patient Instructions

Non-Diabetic

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call _____ at () _____ - _____*
(Department Name)

____ : ____

Surgery Time

AM Get your Surgery Time 1–2 days before your surgery.
 PM Call: () _____ - _____

____ : ____

Surgery Time minus 8 hours

1 Eat an optional final snack 8 hours before Surgery Time.

You may eat a final snack as long as it is at least 8 hours before your Surgery Time.

Final snacks are either

- 1 small piece of fruit and 1 cup cereal with ½ cup milk, or
- 1 small piece of fruit and 1 slice of toast with jam and ½ cup yogurt

STOP eating after the final snack.



____ : ____

Surgery Time minus 3 hours

2 Drink clear fluids until 3 hours before Surgery Time.

Clear fluids are water, apple juice, cranberry cocktail, black coffee or plain tea. Do **not** add milk or cream to your coffee or tea.



____ : ____

Surgery Time minus 3 hours

3 Drink an optional 500 mL (2 cups) of clear apple juice or cranberry cocktail at 3 hours before Surgery Time.

Do **not** drink a diet, sugar free, low calorie or energy drink.

STOP drinking after the 500 mL (2 cups) of clear juice.



____ : ____

Surgery Time minus ____ hours

4 Arrive at _____ Hospital.

(Facility Name)

Eating and Drinking Before Surgery: Patient Questions and Answers

Why do I need to follow instructions about eating and drinking before surgery?

It is important to follow the instructions for what to eat and drink before your surgery and when to stop. When food is in your stomach too close to your Surgery Time, you may vomit. If this happens, the vomit could spill into your lungs (aspiration) and affect your breathing as well as cause damage to your lungs.



Aspiration during surgery is dangerous and can cause death.

What happens if I eat past the 8-hour limit or drink past the 3-hour limit?

If you eat or drink past the recommended time limits, there is a chance your surgery will be cancelled and rescheduled. This is to ensure your safety during the surgery.

What food should I avoid for the final snack before surgery?

Avoid fatty foods in your final snack such as

- Meat
- Eggs
- Fried food
- Margarine or butter
- Peanut butter
- Other nut butters

Why do I need to eat a final snack and drink clear fluids before surgery?

Eating and drinking the right things before your surgery helps your body get ready for surgery, stay hydrated and have enough energy after surgery.

What types of fluids should I avoid before surgery?

- Orange juice or juice with pulp
- Dairy products/milk
- Coffee or tea with milk or cream
- Alcohol for at least 24 hours



STOP drinking alcohol 24 hours before your surgery.

Why do I need to drink 500 mL (2 cups) of clear apple juice or cranberry cocktail 3 hours before surgery?

Drinking 500 mL (2 cups) of clear apple juice or cranberry cocktail 3 hours before your Surgery Time is called carbohydrate loading (carb loading). Carb loading helps your body have enough energy to get through the physical stress of surgery. The extra energy helps you begin your recovery immediately after surgery.

Eating and Drinking Before Surgery: Patient Instructions

Non-Diabetic
With Bowel Prep

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call* _____ at () _____ - _____

(Department Name)

____ : ____

Surgery Time

AM

Get your Surgery Time 1–2 days before your surgery.

PM

Call: () _____ - _____



1 Follow bowel prep instructions given by your Surgeon or Pre-admission Clinic (PAC).

____ : ____

Surgery Time minus 3 hours

2 Drink clear fluids until 3 hours before Surgery Time.



Clear fluids are water, apple juice, cranberry cocktail, black coffee or plain tea. Do **not** add milk or cream to your coffee or tea.

____ : ____

Surgery Time minus 3 hours

3 Drink 500 mL (2 cups) of clear apple juice or cranberry cocktail at 3 hours before Surgery Time.



Do **not** drink a diet, sugar free, low calorie or energy drink.

STOP drinking after the 500 mL (2 cups) of clear juice.

____ : ____

Surgery Time minus ____ hours

4 Arrive at _____ Hospital.

(Facility Name)

Eating and Drinking Before Surgery: Patient Questions and Answers

Why do I need to follow instructions about eating and drinking before surgery?

It is important to follow the instructions for what to eat and drink before your surgery and when to stop. When food is in your stomach too close to your Surgery Time, you may vomit. If this happens, the vomit could spill into your lungs (aspiration) and affect your breathing as well as cause damage to your lungs.



Aspiration during surgery is dangerous and can cause death.

What happens if I drink past the 3-hour limit?

If you drink past the recommended time limit, there is a chance your surgery will be cancelled and rescheduled. This is to ensure your safety during the surgery.

Why do I need to drink clear fluids before surgery?

Drinking clear fluids before your surgery helps your body stay hydrated and get ready for surgery.

What types of fluids should I avoid before surgery?

- Orange juice or juice with pulp
- Dairy products/milk
- Coffee or tea with milk or cream
- Alcohol for at least 24 hours



STOP drinking alcohol 24 hours before your surgery.

Why do I need to drink 500 mL (2 cups) of clear apple juice or cranberry cocktail 3 hours before surgery?

Drinking 500 mL (2 cups) of clear apple juice or cranberry cocktail 3 hours before your Surgery Time is called carbohydrate loading (carb loading). Carb loading helps your body have enough energy to get through the physical stress of surgery. The extra energy helps you begin your recovery immediately after surgery.

Eating and Drinking Before Surgery: Patient Instructions

Non-Diabetic
With Bowel Prep
Fasting Only

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call* _____ at () _____ - _____

(Department Name)

____ : ____

Surgery Time

AM

Get your Surgery Time 1–2 days before your surgery.

PM

Call: () _____ - _____



1 Follow bowel prep instructions given by your Surgeon or Pre-admission Clinic (PAC).

____ : ____

Surgery Time minus 3 hours

2 Drink clear fluids until 3 hours before Surgery Time.



Clear fluids are water, apple juice, cranberry cocktail, black coffee or plain tea. Do **not** add milk or cream to your coffee or tea.

STOP drinking 3 hours before Surgery Time.

____ : ____

Surgery Time minus ____ hour

Arrive at _____ Hospital.

(Facility Name)

Eating and Drinking Before Surgery: Patient Questions and Answers

Why do I need to follow instructions about eating and drinking before surgery?

It is important to follow the instructions for what to eat and drink before your surgery and when to stop. When food is in your stomach too close to your Surgery Time, you may vomit. If this happens, the vomit could spill into your lungs (aspiration) and affect your breathing as well as cause damage to your lungs.



Aspiration during surgery is dangerous and can cause death.

What happens if I drink past the 3-hour limit?

If you drink past the recommended time limit, there is a chance your surgery will be cancelled and rescheduled. This is to ensure your safety during the surgery.

Why do I need to drink clear fluids before surgery?

Drinking clear fluids before your surgery helps your body stay hydrated and get ready for surgery.

What types of fluids should I avoid before surgery?

- Orange juice or juice with pulp
- Dairy products/milk
- Coffee or tea with milk or cream
- Alcohol for at least 24 hours



STOP drinking alcohol 24 hours before your surgery.

Eating and Drinking Before Surgery: Patient Instructions

Non-Diabetic
Fasting Only

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call* _____ at () _____ - _____

(Department Name)

Surgery Time

AM

Get your Surgery Time 1–2 days before your surgery.

PM

Call: () _____ - _____

Surgery Time minus 8 hours

1 Eat an optional final snack 8 hours before Surgery Time.

You may eat a final snack as long as it is at least 8 hours before your Surgery Time.

Suggested final snacks are either

- 1 small piece of fruit and 1 cup cereal with ½ cup milk, or
- 1 small piece of fruit and 1 slice of toast with jam and ½ cup yogurt

STOP eating after the final snack.



Surgery Time minus 3 hours

2 Drink clear fluids until 3 hours before Surgery Time.

Clear fluids are water, apple juice, cranberry cocktail, black coffee or plain tea.

Do not add milk or cream to your coffee or tea.

STOP drinking 3 hours before Surgery Time.



Surgery Time minus _____ hours

3 Arrive at _____ Hospital.

(Facility Name)

Eating and Drinking Before Surgery: Patient Questions and Answers

Why do I need to follow instructions about eating and drinking before surgery?

It is important to follow the instructions for what to eat and drink before your surgery and when to stop. When food is in your stomach too close to your Surgery Time, you may vomit. If this happens, the vomit could spill into your lungs (aspiration) and affect your breathing as well as cause damage to your lungs.



Aspiration during surgery is dangerous and can cause death.

What happens if I eat past the 8-hour limit or drink past the 3-hour limit?

If you eat or drink past the recommended time limits, there is a chance your surgery will be cancelled and rescheduled. This is to ensure your safety during the surgery.

What food should I avoid for my final snack before surgery?

Avoid fatty foods in your final snack such as

- Meat
- Eggs
- Fried food
- Margarine or butter
- Peanut butter
- Other nut butters

Why do I need to eat a final snack and drink clear fluids before surgery?

Eating and drinking the right things before your surgery helps your body get ready for surgery, stay hydrated and have enough energy after surgery.

What types of fluids should I avoid before surgery?

- Orange juice or juice with pulp
- Dairy products/milk
- Coffee or tea with milk or cream
- Alcohol for at least 24 hours



STOP drinking alcohol 24 hours before your surgery.

Eating and Drinking Before Surgery: Patient Instructions

Diabetic

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call _____ at () _____ - _____*

(Department Name)

____ : ____

Surgery Time

- AM Get your Surgery Time 1–2 days before your surgery.
 PM Call: () _____ - _____

____ : ____

Surgery Time minus 8 hours

1 Eat an optional final snack 8 hours before Surgery Time.

You may eat a final snack as long as it is at least 8 hours before your Surgery Time. Take your diabetes medications as advised.



Suggested final snacks are either

- 1 small piece of fruit and 1 cup cereal with ½ cup milk, or
- 1 small piece of fruit and 1 slice of toast with jam and ½ cup yogurt

STOP eating after the final snack.

____ : ____

Surgery Time minus 3 hours

2 Drink sugar-free clear fluids until 3 hours before Surgery Time.

Sugar-free, clear fluids are water, black coffee or plain tea.

Do not add milk or cream to your coffee or tea.

STOP drinking 3 hours before your Surgery Time.



EXCEPTION: HYPOglycemia or LOW Blood Sugar: Continue to test your blood sugar (BG) as you normally do, or as instructed by your health care provider. Treat a BG below 4.0 mmol/L with Dextrose Tablets (4) or 2/3 cup clear sugar fluids (apple juice or regular soda pop) and re-test in 15 minutes. If BG remains below 4.0 mmol/L, repeat treatment. **Tell your health care provider about the low blood sugar.**

____ : ____

Surgery Time minus ____ hours

3 Arrive at _____ Hospital.

(Facility Name)

Eating and Drinking Before Surgery: Patient Questions and Answers

Why do I need to follow instructions about eating and drinking before surgery?

It is important to follow the instructions for what to eat and drink before your surgery and when to stop. When food is in your stomach too close to your Surgery Time, you may vomit. If this happens, the vomit could spill into your lungs (aspiration) and affect your breathing as well as cause damage to your lungs.



Aspiration during surgery is dangerous and can cause death.

What happens if I eat past the 8-hour limit or drink past the 3-hour limit?

If you eat or drink past the recommended time limits, there is a chance your surgery will be cancelled and rescheduled. This is to ensure your safety during the surgery.



EXCEPTION: HYPOglycemia or LOW Blood Sugar: Continue to test your blood sugar (BG) as you normally do, or as instructed by your health care provider. Treat a BG below 4.0 mmol/L with Dextrose Tablets (4) or 2/3 cup clear sugar fluids (apple juice or regular soda pop) and re-test in 15 minutes. If BG remains below 4.0 mmol/L, repeat treatment. **Tell your health care provider about the low blood sugar.**

What food should I avoid for my final snack before surgery?

Avoid fatty foods in your final snack such as

- Meat
- Eggs
- Fried food
- Margarine or butter
- Peanut butter
- Other nut butters

Why do I need to eat a final snack and drink clear fluids before surgery?

Eating and drinking the right things before surgery helps your body get ready for surgery, stay hydrated and have enough energy after surgery.

What types of fluids should I avoid before surgery?

- Orange juice or juice with pulp
- Dairy products/milk
- Coffee or tea with milk or cream
- Alcohol for at least 24 hours



STOP drinking alcohol 24 hours before your surgery.

Eating and Drinking Before Surgery: Patient Instructions

Diabetic
With Bowel Prep

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call* _____ at () _____ - _____

(Department Name)

Surgery Time

AM

Get your Surgery Time 1–2 days before your surgery.

PM

Call: () _____ - _____



1 Follow bowel prep instructions given by your Surgeon or Pre-admission Clinic (PAC).

Take your diabetes medication as advised.

Surgery Time minus 3 hours

2 Drink clear fluids until 3 hours before Surgery Time.



Sugar-free, clear fluids are water, black coffee or plain tea.

Do **not** add milk or cream to your coffee or tea.

STOP drinking 3 hours before your Surgery Time.



EXCEPTION: HYPoglycemia or LOW Blood Sugar: Continue to test your blood sugar (BG) as you normally do, or as instructed by your health care provider. Treat a BG below 4.0 mmol/L with Dextrose Tablets (4) or 2/3 cup clear sugar fluids (apple juice or regular soda pop) and re-test in 15 minutes. If BG remains below 4.0 mmol/L, repeat treatment. **Tell your health care provider about the low blood sugar.**

Surgery Time minus _____ hours

3 Arrive at _____ Hospital.

(Facility Name)

Eating and Drinking Before Surgery: Patient Questions and Answers

Why do I need to follow instructions about eating and drinking before surgery?

It is important to follow the instructions for what to eat and drink before your surgery and when to stop. When food is in your stomach too close to your Surgery Time, you may vomit. If this happens, the vomit could spill into your lungs (aspiration) and affect your breathing as well as cause damage to your lungs.



Aspiration during surgery is dangerous and can cause death.

What happens if I drink past the 3-hour limit?

If you drink past the recommended time limit, there is a chance your surgery will be cancelled and rescheduled. This is to ensure your safety during the surgery.



EXCEPTION: HYPOglycemia or LOW Blood Sugar: Continue to test your blood sugar (BG) as you normally do, or as instructed by your health care provider. Treat a BG below 4.0 mmol/L with Dextrose Tablets (4) or 2/3 cup clear sugar fluids (apple juice or regular soda pop) and re-test in 15 minutes. If BG remains below 4.0 mmol/L, repeat treatment. **Tell your health care provider about the low blood sugar.**

Why do I need to drink clear fluids before surgery?

Drinking clear fluids before your surgery helps your body stay hydrated and get ready for surgery.

What types of fluids should I avoid before surgery?

- Orange juice or juice with pulp
- Coffee or tea with milk or cream
- Dairy products/milk
- Alcohol for at least 24 hours



STOP drinking alcohol 24 hours before your surgery.

When to Stop Eating and Drinking Before Surgery: Patient Timetable

Use this timetable to calculate **when to STOP EATING at 8 hours** before your Surgery Time, and when to **when to STOP DRINKING at 3 hours** before your Surgery Time. Follow these times carefully, along with the AHS Eating and Drinking Before Surgery: **Patient Instructions** or your surgery may be cancelled.

Surgery Time	Time to STOP EATING At 8 hours before Surgery Time Continue to drink clear fluids until 3 hours before Surgery Time, such as water, apple juice, cranberry cocktail, black coffee or pain tea. Do not add milk or cream to your coffee or tea.	Time to STOP DRINKING At 3 hours before surgery Time
7:00 am	11:00 pm (Day Before)	4:00 am
7:15 am	11:15 pm (Day Before)	4:15 am
7:30 am	11:30 pm (Day Before)	4:30 am
7:45 am	11:45 pm (Day Before)	4:45 am
8:00 am	Midnight (Day Before)	5:00 am
8:15 am	12:15 am	5:15 am
8:30 am	12:30 am	5:30 am
8:45 am	12:45 am	5:45 am
9:00 am	1:00 am	6:00 am
9:15 am	1:15 am	6:15 am
9:30 am	1:30 am	6:30 am
9:45 am	1:45 am	6:45 am
10:00 am	2:00 am	7:00 am
10:15 am	2:15 am	7:15 am
10:30 am	2:30 am	7:30 am
10:45 am	2:45 am	7:45 am
11:00 am	3:00 am	8:00 am
11:15 am	3:15 am	8:15 am
11:30am	3:30 am	8:30 am
11:45am	3:45 am	8:45 am
12:00 noon	4:00 am	9:00 am
12:15 pm	4:15 am	9:15 am
12:30 pm	4:30 am	9:30 am
12:45 pm	4:45 am	9:45 am
1:00 pm	5:00 am	10:00 am
1:15 pm	5:15 am	10:15 am
1:30 pm	5:30 am	10:30 am
1:45 pm	5:45 am	10:45 am
2:00 pm	6:00 am	11:00 am
2:15 pm	6:15 am	11:15 am
2:30 pm	6:30 am	11:30 am
2:45 pm	6:45 am	11:45 am
3:00 pm	7:00 am	12:00 noon

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Last Updated July 23, 2019

AHS Eating and Drinking Before Surgery Patient Instructions: Quick References

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Refer to the AHS *Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Resources in **bold** are included in the **Guideline: Implementation Toolkit**, available at www.ahs.ca/SurgerySCN

The **AHS Eating and Drinking Before Surgery: Patient Instructions provide** specific directions to patients on what to eat and drink before surgery, and when to stop eating and drinking, along with important safety information. The patient instructions are available in print and online for Pre-admission Clinic staff and surgeons’ offices to use as a pre-admission patient teaching tool. There are six versions of the patient instructions available for specific patient and clinical circumstances.

The following quick references are outlined to assist health care providers appropriately select, order, and use the six versions of the patient instructions.

1. Version titles with DataOnline order numbers
2. Patient instructions print and online access
3. Decision algorithm: Patient instructions version selection
4. Key points: Consistent patient information

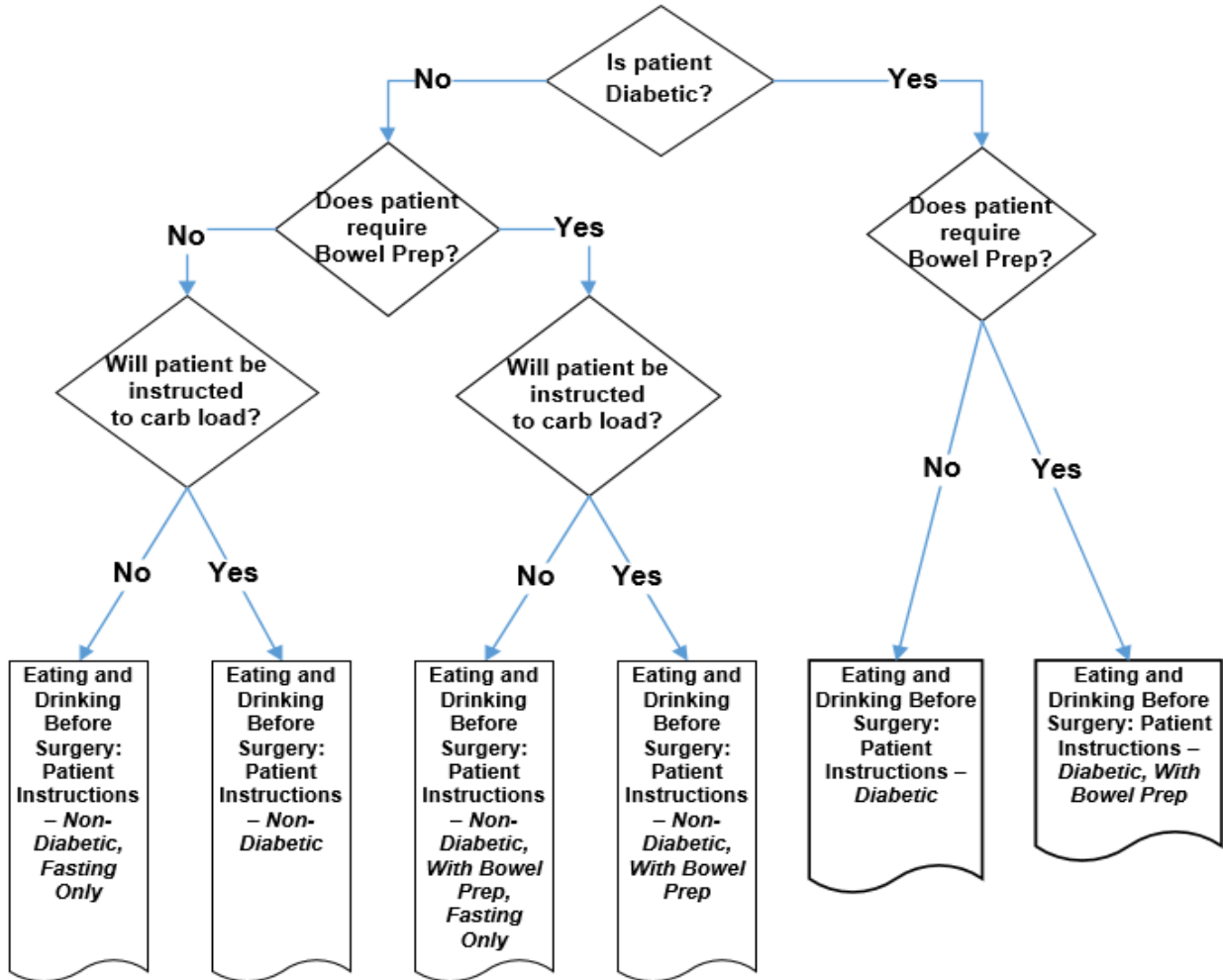
1. Version titles with DataOnline order numbers

Patient Group	Resource Title DataOnline Order #	Carb Load	Bowel Prep	Diabetic Patients
Non-Diabetic	Eating and Drinking Before Surgery: Patient Instructions – Non-Diabetic DataOnline Order # 104984	Yes	No	No
Non-Diabetic	Eating and Drinking Before Surgery: Patient Instructions – Non-Diabetic, With Bowel Prep DataOnline Order # 104985	Yes	Yes	No
Non-Diabetic	Eating and Drinking Before Surgery: Patient Instructions – Non-Diabetic, Fasting Only DataOnline Order # 105119	No	No	No
Non-Diabetic	Eating and Drinking Before Surgery: Patient Instructions – Non-Diabetic, With Bowel Prep, Fasting Only DataOnline Order # 105117	No	Yes	No
Diabetic	Eating and Drinking Before Surgery: Patient Instructions – Diabetic DataOnline Order # 105118	No	No	Yes
Diabetic	Eating and Drinking Before Surgery: Patient Instructions –Diabetic, With Bowel Prep DataOnline Order # 105129	No	Yes	Yes

2. Print and online access

Print ordering	<ul style="list-style-type: none"> Calgary Zone can order from Data Communications Management (DataOnline) by phone 403-207-6631 or visit https://dol.datacm.com Edmonton Zone and North Zone can order from Data Communications Management (DataOnline) by phone 780-577-8295 or visit https://dol.datacm.com Central Zone, Wetaskiwin can order from Wetaskiwin Production Services by phone 780-312-3611 South Zone, Lethbridge can order from Printing Services by phone 403-388-6000 Ext.1513
Online access	<ul style="list-style-type: none"> AHS Eating and Drinking Before Surgery: Patient Instructions are available for patients and the public to access online at https://myhealth.alberta.ca/alberta/Pages/Your-Surgery-Resources.aspx

3. Decision algorithm: Patient instructions version selection



Note: Refer to AHS Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient V 1.0. The provincial recommendation is to avoid carbohydrate loading patients with diabetes mellitus until prospective trials have been completed.

4. Key points: Consistent patient information

Use the key points below to deliver and reinforce consistent information to patients about pre-operative fasting and carb loading (as appropriate) before their surgery. See the **AHS Pre-operative Fasting and Carb Loading Guideline – Adults, Guideline: Questions and Answers for Health Care Providers** for additional background information for health care providers.

a. Provide patient instructions in person or by phone	
Applicability:	Non-Diabetic; Non-Diabetic, With Bowel Prep; Non-Diabetic, Fasting Only; Non Diabetic, With Bowel Prep, Fasting Only; Diabetic; Diabetic, With Bowel Prep
Key Points:	<p>Select the correct version of the AHS <i>Eating and Drinking Before Surgery: Patient Instructions</i>. See Quick Reference 3. Decision algorithm: Patient instructions selection</p> <ul style="list-style-type: none"> • Ensure the patient has the patient instructions in front of them while reviewing the information. If the patient is on the phone, tell or send them the MyHealth.Alberta.ca link so they can see and print the online patient instructions. See Quick Reference 2. Print and online access • Remind the patient to keep the patient instructions and bring them to all appointments. • Explain how and when to get the surgery time. Provide the correct phone number and hospital department name. • Instruct the patient when and where to arrive at the hospital and how to fill in the different time boxes on the left side of the patient instructions. The patient will calculate the times or will be provided with the times. Share the When to Stop Eating and Drinking Before Surgery: Patient Timetable to assist patients in determining exact times to stop eating and drinking before their surgery time • Refer the patient to page 2 of the patient instructions for important additional information about pre-operative fasting.
b. Eat an optional snack 8 hours before Surgery Time	
Applicability:	Non-Diabetic; Non-Diabetic, Fasting Only; Diabetic
Key Points:	<ul style="list-style-type: none"> • Eating a final snack is a recommendation but not mandatory. The patient does not have to get up at night to have a final snack. • The specific final snack options were developed by AHS Nutrition Services. • Refer the patient to page 2 of the patient instructions for what foods and drinks to avoid. • Reinforce the need to stop drinking alcohol 24 hours before Surgery Time.

	<ul style="list-style-type: none"> Emphasize the importance of stopping eating at 8 hours before Surgery Time.
Diabetic Considerations:	<ul style="list-style-type: none"> Remind the patient to continue taking their diabetes medication as advised by their health care provider.
c. Drink clear fluids until 3 hours before Surgery Time	
Applicability:	<ul style="list-style-type: none"> Non-Diabetic; Non-Diabetic, Fasting Only; Non-Diabetic, With Bowel Prep; Non Diabetic, With Bowel Prep, Fasting Only; Diabetic; Diabetic, With Bowel Prep
Key Points:	<ul style="list-style-type: none"> Emphasize the importance of stopping drinking at 3 hours before Surgery Time.
Diabetic Considerations:	<ul style="list-style-type: none"> Remind the patient to drink sugar-free clear fluids. Remind the patient to continue to monitor blood sugar (BG) for hypoglycemia as normal. Instruct the patient to treat a BG below 4.0 mmol/L with Dextrose Tablets (4) or 2/3 cup clear sugar fluids (apple juice or regular soda pop) and re-test in 15 minutes. If BG remains below 4.0 mmol/L, repeat treatment. Instruct the patient to tell their health care provider about any hypoglycemic events.
d. Drink an optional 500 mL of clear juice carb load at 3 hours before Surgery Time	
Applicability:	Non-Diabetic; Non-Diabetic, With Bowel Prep
Key Points:	<ul style="list-style-type: none"> Refer the patient to page 2 of the patient instructions for carb loading rationale. Emphasize the importance of stopping drinking at 3 hours before Surgery Time.
Diabetic Considerations:	<ul style="list-style-type: none"> Carb loading does not apply to patients with diabetes.
e. Follow any bowel prep instructions given by surgeon or Pre-admission Clinic	
Applicability:	Non-Diabetic, With Bowel Prep; Non-Diabetic, With Bowel Prep, Fasting Only; Diabetic, With Bowel Prep
Key Points:	<ul style="list-style-type: none"> Remind the patient to read and follow any necessary bowel prep instructions.
Diabetic Considerations:	<ul style="list-style-type: none"> Remind the patient to continue taking their diabetes medication as advised by their health care provider.

References:

AHS *Eating and Drinking Before Surgery: Patient Instructions*. Retrieved from
<https://myhealth.alberta.ca/alberta/Pages/Your-Surgery-Resources.aspx>

AHS *Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults Guideline*. Retrieved from <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

AHS *Pre-operative Fasting and Carbohydrate Loading Prior to Surgical Interventions - Adults: Guideline Implementation Toolkit*. Retrieved from
<https://www.albertahealthservices.ca/scns/Page9378.aspx>

DataOnline at <https://dol.datacm.com>

MyHealth.Alberta.ca at <https://myhealth.alberta.ca>

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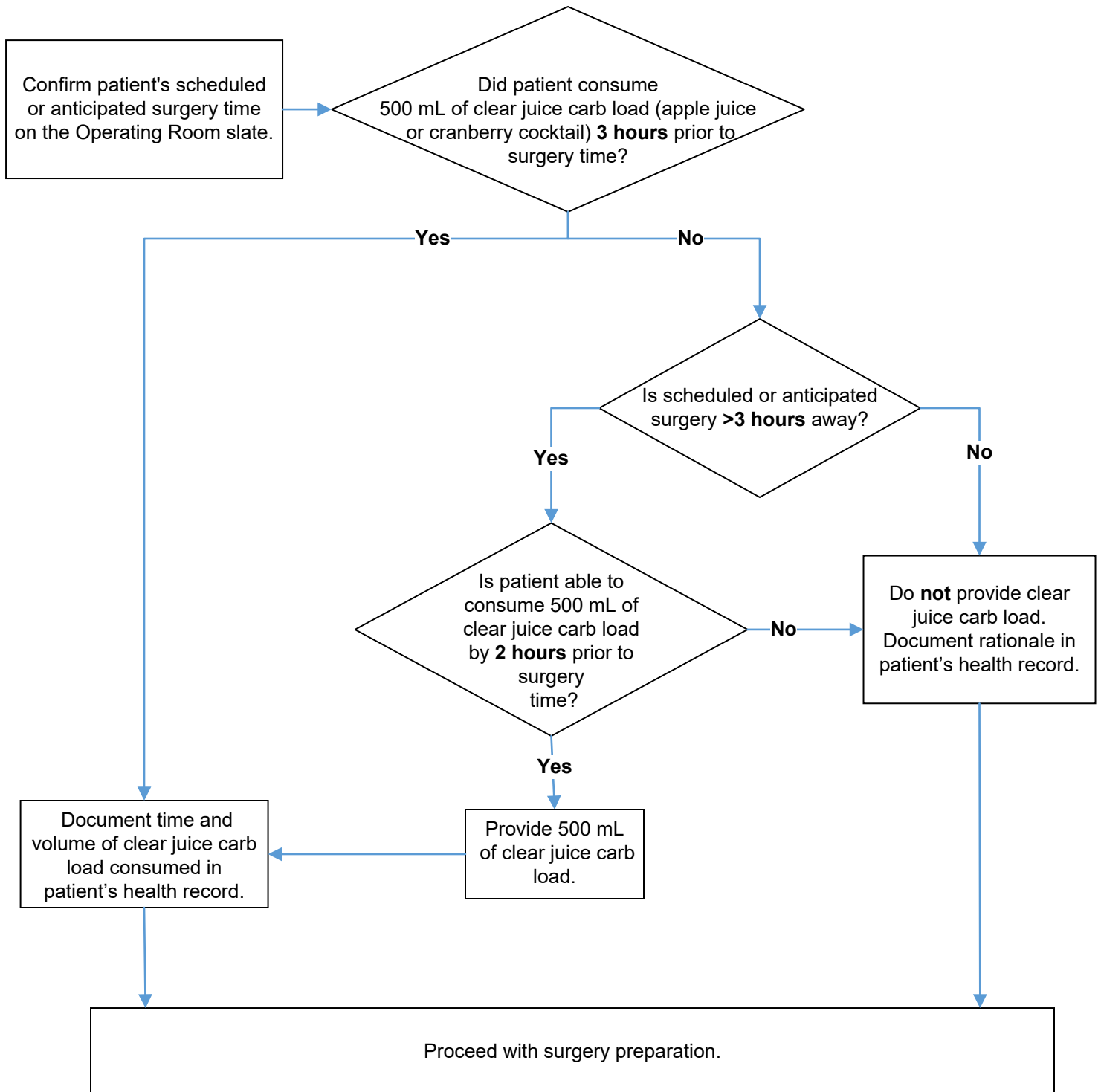
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Last Updated July 23, 2019

Carb Loading Assessment Algorithm

for Adult Patients Undergoing Surgical Interventions (Non-Diabetic)

For Health Care Providers



Refer to the AHS *Pre-operative Fasting and Carbohydrate* Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Refer to AHS *Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient, V 1.0*. The provincial recommendation is to avoid carbohydrate loading patients with diabetes mellitus until prospective trials have been completed.

* Carb = carbohydrate

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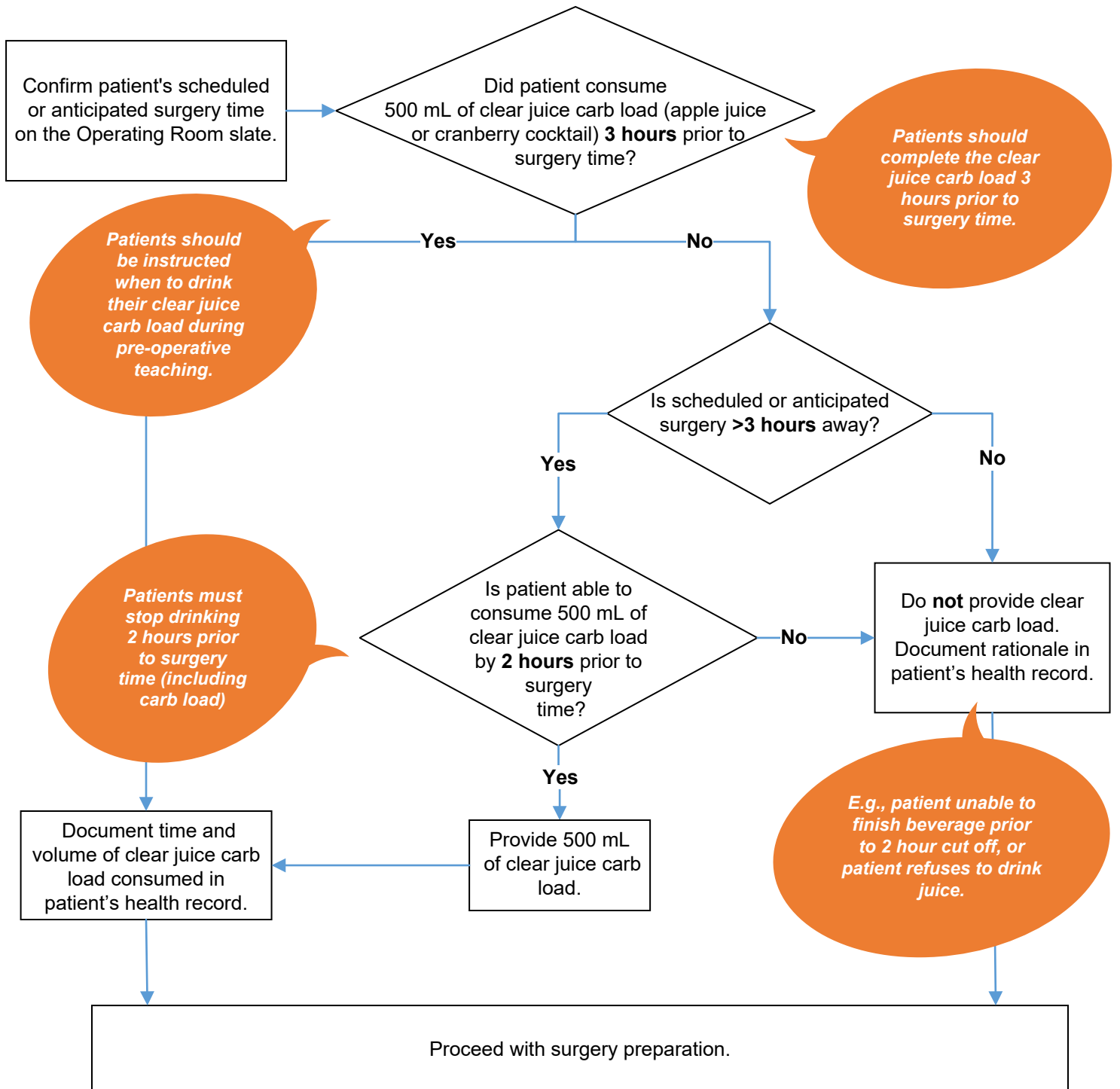
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Last Updated July 18, 2019

Carb Loading Assessment Algorithm Quick Tips

for Adult Patients Undergoing Surgical Interventions (Non-Diabetic)

For Health Care Providers



Refer to the AHS *Pre-operative Fasting and Carbohydrate* Loading Prior to Surgical Interventions – Adults, Guideline* for details of the provincial guideline, available at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-preop-fasting-carb-load-hcs-237-01.pdf>

Refer to AHS *Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient, V 1.0*. The provincial recommendation is to avoid carbohydrate loading patients with diabetes mellitus until prospective trials have been completed.

* Carb = carbohydrate

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Last Updated July 18, 2019