

Mum, Dad, why can't I drink? Sip til Send at QCH

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Background and Objectives

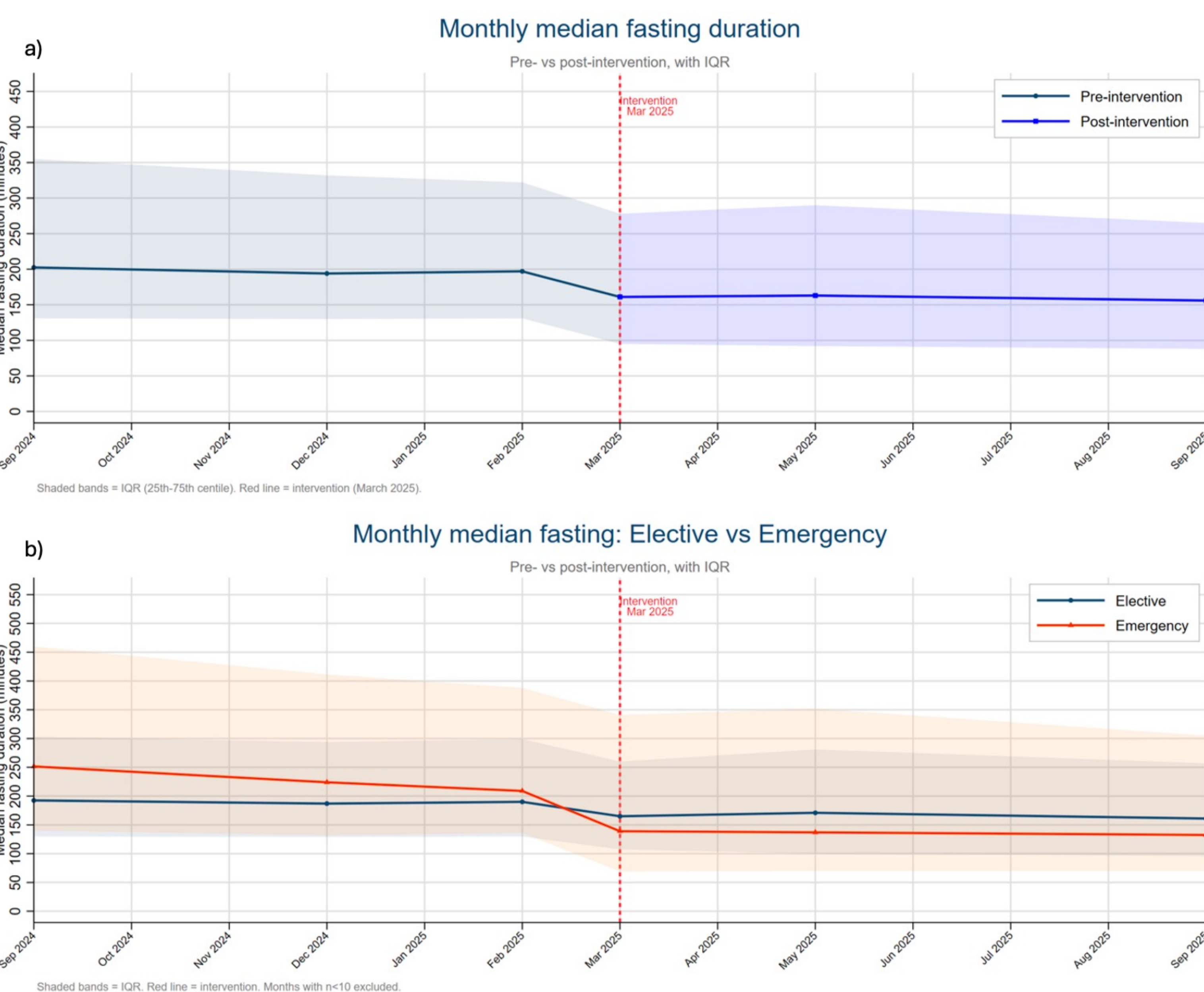
- Prolonged fasting can lead to adverse effects in children: dehydration, haemodynamic instability, post-operative nausea and vomiting and patient dissatisfaction¹
- Barriers and facilitators to successful interventions are often specific to each site and require input from a multidisciplinary team
- 'Sip til Send' was introduced at QCH to reduced prolonged clear fluid fasting before surgery
- Secondary outcomes were to maintain or improve caregiver satisfaction and safety

	ANZCA guideline (June 2024)	Previous local policy (2023-2025)	'Sip til Send' (1 st March 2025)
Solid food	6 hours	6 hours	6 hours
Formula milk	4 hours	4 hours	4 hours
Breast milk	3 hours	4 hours	3 hours
Clear fluids	1 hour	1 hours	0 hours

ANZCA: Australian and New Zealand College of Anaesthetists⁸

Methods

- Prospective pre-post quality improvement at QCH
- 'Sip til Send' policy instituted after multidisciplinary stakeholder input
- September 2024 – September 2025
 - New policy commenced 1st March 2025
- All patients fasting for a general anaesthetic at QCH
 - Exclusions included those fasting for other reasons or already intubated and sedated
- Consolidated Framework for Implementation Research (CFIR) used to guide structured intervention²

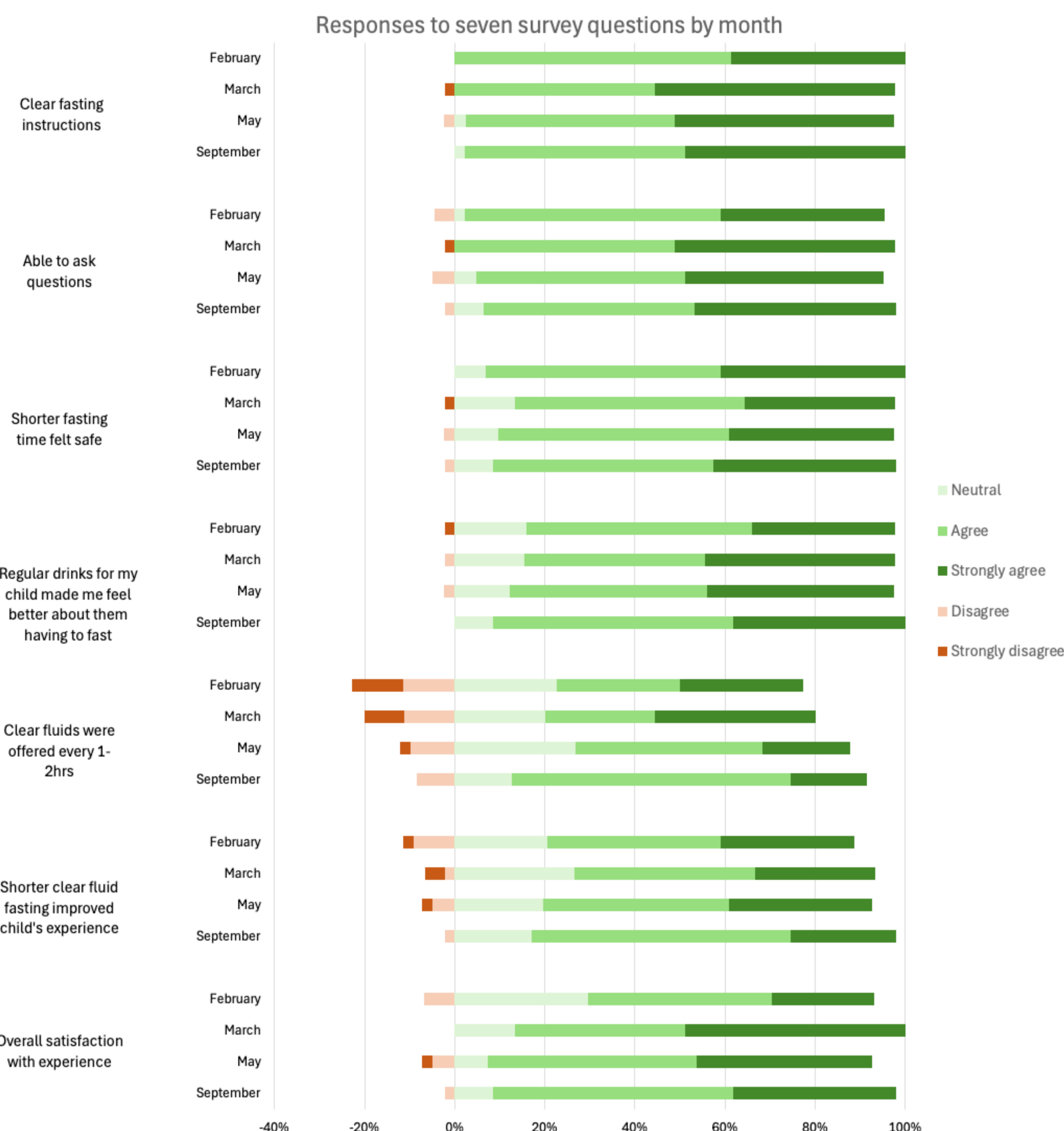


Outcomes

- 10,306 cases included – 6,147 (59.7%) females and median age 6.9 years (IQR 2.9-11.9)
- Median clear fluid fasting time decreased by **38 minutes** from 198 minutes (IQR 130–332.5) to 160 minutes (IQR 91–275) post-intervention ($p < 0.001$)
- Patients undergoing emergency surgery recorded a shorter median fasting time than elective patients after the intervention
- Patients fasting <2 hours went from 1 in 5 → 1 in 3 after 'Sip til Send'
- Results persisted for at least 6 months after 'Sip til Send' introduced
- Parents and caregivers were overall very satisfied with 'Sip til Send'
- There was no change to adverse events during the study period

Discussion

- 'Sip til Send' was associated with a reduced median clear fluid fasting time at the Queensland Children's Hospital and became standard procedure
- This was the largest dataset for a study of this kind in the literature
- The 12-month duration minimised confounding factors and maximised sustainability of the new policy.
- Limitations included single-site design and reliance on large-scale data extraction



Conclusion

- These findings support further adoption of structured liberal fasting policies in tertiary paediatric centres
- There is a growing body of evidence to support the safety of interventions like 'Sip til Send'³
- Future works should utilise structured implementation frameworks like CFIR to maximise success and sustainability

References

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3. Dabke T, Scott TE, Taylor B. Impact of preoperative fasting duration on perioperative complications in elective paediatric procedures: a systematic review and meta-analysis. *British Journal of Anaesthesia*. 2026/01/01/ 2026;136(1):158–166.