

Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures: An Updated Report

American Society of Anesthesiologists

Bibliography by Section

I. Preoperative Assessment

Medical records review (patient condition).

Observational studies, case reports, or non-pertinent comparison groups

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Physical examination.

No entries

Patient questionnaire.

Observational studies, case reports, or non-pertinent comparison groups

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II. Preoperative Fasting Interventions

Clear liquids.

Clear liquids between 2 and 4 versus more than 4 hours (adults).

Randomized controlled trials: non-nutritional drinks

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Randomized controlled trials: nutritional drinks

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Nonrandomized comparative studies

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Clear liquids between 2 and 4 versus more than 4 hours (children).

Randomized controlled trials: non-nutritional drinks

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Nonrandomized comparative studies

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Observational studies, case reports, or non-pertinent comparison groups

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Breast milk between 2 and 4 hours versus more than 4 hours.

No entries

Formula between 2 and 4 hours versus more than 4 hours.

No entries

Solids.

Solids less than 4 versus more than 4 hours.

Randomized controlled trials: non-nutritional drinks

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Nonrandomized comparative studies

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Observational studies, case reports, or non-pertinent comparison groups

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Solids between 4 and 8 hours versus more than 8 hours.

Observational studies, case reports, or non-pertinent comparison groups

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III. Preoperative Pharmacologic Interventions

Gastrointestinal stimulants.

Metoclopramide.

Randomized controlled trials: non-nutritional drinks

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Gastric acid secretion blockers.

H2 receptor antagonists.

Randomized controlled trials: Ranitidine

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- for improvement of gastric fluid property in adults undergoing elective surgery. IOSR-JDMS 2015;14:45-8
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Multiple versus single pharmacologic agents.

Randomized controlled trials: multiple versus single pharmacologic agents

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