

Improved patient satisfaction through fluid administration in recovery – experience from the FLAIR (Fluids and feeding after surgery) project

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Aim:

International anaesthesia guidelines recommend clear liquid intake up to 2 h before anaesthesia, and 8h for heavy foods. Prolonged perioperative fasting is associated with increased thirst, hunger, and patient dissatisfaction. After surgery, patients frequently encounter delays in resuming oral diet, due to postoperative nausea and vomiting and restricted access to diet in the ward. Consequently, they undergo unnecessary prolonged fasting.

This project aims to reduce perioperative fasting by understanding the average fasting duration at baseline, the optimal time to introduce clear water in the recovery for low-risk patients, and the impact of this intervention on patient safety and satisfaction.

Methodology:

This is a before-after QI study.

Baseline audit was conducted in December 2019 on 62 patients who underwent orthopaedic surgery under neuraxial anaesthesia. Vital signs, thirst, hunger, throat discomfort, patient satisfaction score in recovery, average duration spent in recovery, incidence of postoperative nausea and vomiting in recovery and in the ward before and after diet, anti-emetics administered intraoperatively and postoperatively, and patient-controlled analgesia (PCA) morphine pump prescription were recorded. Intervention was conducted between August to December 2020 in 130 patients. 100ml of water was administered to the stable patients 30min after arrival to PACU.

Results:

Postoperative thirst was the predominant complaint in recovery, compared to hunger or throat discomfort. 83.7% (108) of eligible patients received fluids in recovery. The intervention reduced median time of last drink before operation to first drink by 36% - 10.5h (8.6-12.5h) to 6.75 (5.4 – 8.0h), and median time of last meal to first drink by 16% - 21.2h (18.2 – 23.4h) to 17.9h (15.9 – 19.3h). Thirst score in recovery reduced significantly after fluids from 4.3 to 1.6 ($p < 0.001$). Only 2 patients vomited after fluids.

Conclusion: Administration of fluids in recovery is safe and effective in improving patient satisfaction and reducing unnecessary perioperative fasting.

Figure 1. Figure showing Before-after Thirst, Hunger and Throat Discomfort scores after Fluid administration in Recovery

Reported Patient Experiences After Fluid Administration in PACU

[Thirst, Hunger and Throat discomfort on a scale from 0 (none) to 10 (extreme)]

