## Fasting and Treatment Recommendations for Dogs and Cats Prior to Anesthesia

It can be confusing to determine what a patient should receive by mouth prior to anesthesia, even if they are healthy. It becomes more complicated when there are pre-existing conditions that require treatment. Use this table to support your recommendations.



Patient Status	Withhold Water for Hr		Withhold Food for Hr				Feed Pâté- Consistency	Treatments and Medications				Other
	0*	6–12	1–2	2–4	4–6	6–12	Wet Food	Monitor BG	Chronic Oral Meds <sup>†</sup>	Anti-emetic,§ Antacid, and Promotility Medications	Insulin	Ouiei
Healthy	✓				✓				✓			
<8 wks of age or <2 kg	<b>√</b>		No longer than 1–2 hr				√ In pre-op period	Before, during, and after induction	<b>√</b>			Perform as first case of the day
Diabetic	✓			✓			½ meal 2–4 hr prior	Before, during, and after	✓		½ dose given 2–4 hr prior	Perform as the first case of the day
History of, or at risk for, regurgitation		<b>√</b>				V	Consider feeding 10%–25% of normal amount 4–6 hr prior to induction		<b>√</b>	V		
Emergent		ASAP								V		Stabilize patient prior to induction

<sup>\* 0</sup> hr = allow free access to water

Review textbox "Recommendations for Chronic Medications the Day of Anesthesia." Use clinical judgement in healthy patients to determine if giving a small amount of in-hospital treats to facilitate gentle handling or decreasing patient stress would be beneficial prior to anesthesia.

## The 2020 AAHA Anesthesia and Monitoring Guidelines for Dogs and Cats are available at aaha.org/anesthesia.

This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting.

Important: The authors, reviewers, and editors of this material have made extensive efforts to ensure that treatments, drugs, and dosage regimens are accurate and conform to the standards accepted at the time of publication. However, constant changes in information resulting from continuing research and clinical experience, reasonable differences in opinions among authorities, unique aspects of individual clinical situations, and the possibility of human error in preparing such an extensive text require that the reader exercise individual judgment when making a clinical decision and, if necessary, consult and compare information from other sources. In particular, the reader is advised to check the drug's product insert before prescribing or administering it, especially if the drug is unfamiliar or is used infrequently.

<sup>†</sup> Oral medications may be administered with small amount (1–2 tbs) wet food or pills coated in an edible paste-like material.

<sup>§</sup> Anti-emetics are a valid addition to any anesthetic protocol due to the potential for increased patient comfort by decreasing vomiting secondary to pre-anesthetic medications.