

Royal College of Physicians Nutrition Committee

Ten Top Tips for Nil by Mouth (NBM) Orders

Introduction

'Nil By Mouth' (NBM) orders may be instituted for many reasons including reduced consciousness, unsafe swallowing reflex (e.g. bulbar palsy, nasopharyngeal disease), to rest the gut, prior to or after anaesthesia (±surgery) or as a result of the surgery itself. The main reasons for NBM orders are to prevent pulmonary aspiration of stomach contents while under the effects of general anaesthesia or to prevent aspiration of food and drink due to failure of normal nasopharyngeal swallowing reflexes. Preoperatively NBM aims to reduce the volume of stomach contents as much as possible. Aspiration of as little as 30-40ml of gastric contents, oral fluids or nasopharyngeal secretions can be a significant cause of suffering and death (e.g. due to aspiration pneumonia). NBM orders have important implications for patient nutrition and hydration, in relation to disease management including diabetes mellitus and endocrine supplementation (e.g. steroids, thyroxine) and medicines management. Inappropriate or poorly supervised NBM orders can have profound effects on patient comfort and medical and surgical outcomes.

Key practical points

1. A 'Nil by Mouth' (NBM) protocol should be initiated when NBM for >8-24 hours
2. The protocol should include:
 - a) Reason for NBM (e.g. procedure, unsafe swallow, treatment)
 - b) Documented plan for alternative hydration, nutrition and medication needs
 - c) Time, date and person responsible for review of the NBM plan
 - d) Clear signage that the patient is NBM
3. NBM should be documented in medical and nursing notes
4. Reason for NBM and review time should be discussed with the patient.
5. NBM orders should be reviewed at least every 24 hours (e.g. by the clinician in charge)
6. NBM patients require regular mouthcare and sips of water are allowed if there is no risk of aspiration
7. No NBM orders should be made until investigations or procedures have been booked.
8. When investigations or procedures are cancelled, patients should be offered oral food and fluids immediately, and until rebooking
9. Relatives and carers should be informed about, and involved in, NBM decisions
10. Whilst NBM review all medications daily.
 - stop oral medications
 - Diabetic patients are at particular risk: oral and insulin regimes must be carefully assessed.

RCP Top 10 tips for oral nutrition – Long version

1. Protocols improve compliance with vital aspects of 'Nil by Mouth' (NBM) management. A NBM protocol should be initiated when a patient is expected to be NBM for >8-24 hours.
2. Every healthcare facility should have a clear NBM protocol which should include:
 - a. The reason for the NBM order must be clearly indicated. This may be pre-or post operatively to reduce the risk of gastric aspiration, unsafe swallow due to bulbar palsy or nasopharyngeal disease, reduced consciousness, paralytic ileus or to rest the gastrointestinal tract .
 - b. There must be a documented plan for provision of alternative methods of hydration, nutrition and medication needs
 - c. The NBM order must include the date and time of onset of the NBM order, how long it should continue (with at least daily review) and details of the person responsible for review of the NBM plan.
 - d. There should be clear signage that the patient is NBM to ensure that fluid/food is not accidentally given to, or accessible to, a drowsy or confused patient.
3. The NBM order should be clearly documented in the medical and nursing notes
4. The reason for the NBM order, how long it is likely to be in place and the review time should always be discussed with the patient. Patient involvement, is not only a basic tenant of care but is also likely to improve compliance.
5. The NBM order should be reviewed at least every 24 hours and the wider medical team should be clear who is responsible for the review (e.g. the clinician in charge)
6. NBM patients require regular mouth care and the clinician in charge must indicate whether sips of water should be allowed, for example when there is no, or relatively little, risk of aspiration.
7. No NBM orders should be made until investigations or procedures have been booked to avoid unnecessary patient discomfort (i.e. starving a patient for several days whilst awaiting a procedure)
8. When investigations or procedures are cancelled, patients should be offered oral food and fluids immediately, and until rebooking
9. Relatives and carers should be informed about, and involved in, NBM decisions
10. Whilst the patient is NBM it is essential to review all medications daily.
 - stop oral medications and when possible consider alternative routes of administration (e.g. intravenous steroids, insulin)

- Diabetic patients are at particular risk and oral and insulin regimes must be carefully assessed. Ideally the diabetic team should be involved and a protocol should be available for the management of diabetic patients who are NBM pre- and post-operatively.

Key references

1. Clinical practice guideline: Perioperative fasting in adults and children
www.rcn.org.uk/_data/assets/pdf_file/0009/78678/002800.pdf
2. Brady M, et al. Preoperative fasting for adults to prevent perioperative complications. Cochrane Database of Systematic Reviews. Art. No.: CD004423. DOI: 10.1002/14652858. CD004423.
3. Brady M, Kinn S and Stuart P (2003) Preoperative fasting for adults to prevent perioperative complications, *The Cochrane Database of Systematic Reviews*, Available from: www.thecochranelibrary.com

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