

Sip Til Send – Implementation guide

‘Sip Til Send’ allows patients, if thirsty, to consume small volumes of clear liquids while awaiting surgery, until they are called to the operating theatre / procedure room.

For health service organisations, local ‘Sip Til Send’ implementation leads and implementation working groups

Use this guide, together with the [‘Sip Til Send’ implementation support materials](#), to inform local implementation and adoption of ‘Sip Til Send’.

Governance and project sponsorship

- Nominate executive sponsor and accountable implementation lead(s) (for example, Nursing and Anaesthesia co-lead model)
- Confirm governance structure, reporting lines and decision-making authority
- Establish scope and success measures for organisational adoption of ‘Sip Til Send’
- Endorse implementation approach and timelines.

Guideline review and local adoption

- Review alignment between existing fasting practices and national ‘Sip Til Send’ guidance
- Confirm approach to variation across surgical services or patient cohorts
- Endorse new guidelines or any guideline updates that may be required.

Organisational readiness

- Approve education, communication and change-management strategy
- Ensure resources are allocated for training and education (for example, a train the trainer model)
- Maintain oversight of implementation risks and issues
- Receive progress reports and outcome measures (for example, surgery cancellations, aspiration pneumonia).

Key information for implementation working groups

There is variability across existing ‘Sip Til Send’ guidelines in relation to the allowable clear liquids and the maximum hourly volumes for adults and children.

The [national ‘Sip Til Send’ guidance](#):

- aligns with the Australian and New Zealand College of Anaesthetists’ (ANZCA’s) [PG07 Pre-anaesthesia consultation 2024](#) in relation to the definition of clear liquids
- recommends hourly liquid volumes up to a maximum of 200mL for adults and 3 mL per kg for children (≤ 16 years old and ≤ 65 kg).

Anaesthetic Departments should be engaged to confirm the approach to the above parameters locally.

Implementation working groups should:

- define processes to identify eligible patients and enable clear and consistent documentation of fasting plans
- assess access to clear liquids across clinical areas, considering early engagement with Dietitians
- consider practicalities around clear liquid measurement (for example, markings of ward cups, clear instructions for paediatric patients).