Australian Commission on **Safety and Quality** in Health Care

Fact sheet
For clinicians

Using the practice of ‘Sip Til Send’

Improving pre-procedural fluid management

Guidance for clinicians on managing clear liquid intake for patients awaiting surgery, prior to anaesthesia or procedural sedation (excluding minimal sedation*).

What you need to know

‘**Sip Til Send**’ is a global initiative, allowing patients, if thirsty, to consume small volumes of water (or similar clear liquids) while awaiting surgery, up until they are called to the operating theatre. [1] ‘Sip Til Send’ is **simple** and **safe** – large observational studies have shown no increased risk of aspiration.[2, 3, 4]

Acceptable clear liquids include[4]:

- water
- pulp free clear fruit juice (for example, apple juice)
- ice-cubes (made from clear liquids)
- clear carbohydrate-containing liquids (for example, Hydralyte™)
- black coffee, black or green tea
- clear cordial.

Avoid fluids containing milk, particulate matter, soluble fibre or jelly.[4]

Clear liquid volume recommendations[7]**:**

- Children ≤ 16 years AND ≤ 65 kg: Up to 3 mL per kg per hour
- Adults: Up to 200 mL per hour

Health service organisations may permit locally approved alternative clear liquids and/or apply lower maximum hourly volumes in accordance with local guidelines.

Allowing patients to sip clear liquids, if thirsty, until transfer to the operating theatre can significantly reduce fluid fasting times and help:

- maintain hydration
- decrease light-headedness and anxiety[3]
- decrease the feelings of thirst – improving patient well-being[3, 5, 6]
- reduce the incidence of nausea and vomiting[5, 6]
- reduce the subsequent need for intravenous (IV) fluids.

For further information on the assessment and preparation of patients being considered for surgery, including the use of breast milk, formula and non-human milk in infants and children, see the Australian and New Zealand College of Anaesthetists’ (ANZCA’s) PG07 Pre-anaesthesia consultation 2024.[4]

‘Sip Til Send’ may not be suitable for all patients - See considerations and practice points.

*Note: Minimal sedation is defined in ANZCA’s PG09(G) Guideline on procedural sedation.[9]

Purpose and rationale

Despite current guidelines recommending a pre-sedation or anaesthesia fluid fasting period of 2 hours for adults and 1 hour for children, studies show that in practice, patients often continue to fluid fast for a median duration of up to 12 hours before anaesthesia.[3, 5]

This is likely due to the unpredictable nature of theatre schedules, where procedure start times are uncertain and often change at short notice, meaning that patients and clinicians are uncertain when intake of clear fluids should stop. As a result, patients are often kept nil by mouth for much longer than intended. [3, 5, 8]

The 'Sip Til Send' initiative supports the goal of decreasing the 'no oral liquid' (or 'nil by mouth') period, reducing the negative consequences of prolonged fasting and the need for IV fluid administration, where appropriate.

Considerations and practice points

Clear liquids have a rapid gastric transit time and are unlikely to increase the risk of aspiration. However, there are scenarios where 'Sip Til Send' is **not suitable** or requires **special consideration**.[4]

Not suitable or not recommended

'Sip Til Send' is not suitable or not recommended in patients that are:

- Nil by mouth for medical or surgical reasons
- Taking modified textured fluids
- Using glucagon-like peptide-1 (GLP-1) receptor agonists and other peptide products that slow gastric emptying. These may increase the risk of regurgitation and pulmonary aspiration during procedural sedation or anaesthesia[10] Patients receiving GLP-1 receptor agonists should be managed in accordance with specialist guidance, see ANZCA's GLP-1 receptor agonists - clinical practice recommendations[11].

Scenarios requiring special consideration or variation

Other scenarios that require special consideration or variation include where patients[4]:

- Are on a fluid restriction for a reason other than fasting for anaesthesia or sedation
- Require a modified liquid fasting plan, including patients undergoing sedation for a PET scan who may consume water[12], and patients with diabetes (see the ADS-ANZCA Perioperative Diabetes and Hyperglycaemia Guidelines (Adults))[13]
- Have been identified as at risk of aspiration.

Aspiration risk

Aspiration risk should be assessed on an individual basis. An increased risk of aspiration can exist in patients that:

- Experience delayed gastric emptying which may be caused by pain, analgesic and GLP-1 medicines, anxiety and emergency surgery, noting an increased susceptibility in children
- Have impaired airway reflexes or are at risk of regurgitation
- Require emergency surgery that renders them at increased risk of aspiration due to bowel obstruction, paralytic ileus or delayed gastric emptying due to their pathology, underlying medical conditions or medicines.

Practice points

- 'Sip Til Send' is encouraged in patients undergoing:
  - planned (elective) surgery where theatre schedules are unpredictable
  - emergency surgery in which the patient is not at high risk of aspiration but may be at high risk of their surgery being delayed or rescheduled.
- In patients undergoing procedures characterised by predictable scheduling, short case duration and rapid progression from being called to the procedure room to sedation (for example, elective day case endoscopy), the standard liquid fasting instructions of 2 hours for adults and 1 hour for paediatric patients may be more practical.
- Consideration should be given to how clear liquid intake will be supervised and measured, and how this aligns with the patient's capacity to self-regulate, with particular attention to children and other patients who may have difficulty reliably managing volume or timing.
- Regular medicines (for example, tablets, capsules and liquid medicines) may be taken during the fasting period. Each medicine should be reviewed prior to procedural sedation for appropriateness to continue or hold, depending on the nature of the procedure and patient-specific factors.
- Clear instructions regarding fasting requirements for solids and liquids must be provided to the patient and/or their family or carer, and communicated with the multidisciplinary care team, including at transitions of care.

Where the anaesthetist has communicated that a patient is not suitable for 'Sip Til Send', the patient-specific fluid fasting plan is to be followed.

Deviation from 'Sip Til Send': Anaesthetists should exercise their clinical judgement to balance fasting duration against potential risks, including dehydration, metabolic disturbance and regurgitation.[4]

Additional guidelines and implementation resources

Examples of state-wide and local 'Sip Til Send' guidance

- Safer Care Victoria: Sip Til Send fluid fasting guidance[14]
- Agency for Clinical Innovation, NSW Health: FACT SHEET – Preoperative fasting[7]
- The Royal Children's Hospital Melbourne: Fasting for general anaesthesia[12]
- The Children's Hospital at Westmead: Fasting guideline for children having general anaesthesia[15]

Implementation resources for Health Service Organisations

- 'Sip Til Send' implementation guide
- Poster for clinician education – for local adoption
- Slide deck for clinician education – for local adoption
- Patient information leaflet – for local adoption

References

1. Centre for Perioperative Care. *Sip Til Send* [Internet]. London: CPOC; 2025 [Accessed 2026 Feb 2]. Available from: https://cpoc.org.uk/guidelines-and-resources/guidelines-resources/resources/sip-til-send
2. Frykholm, P. et al. Impact of liberal preoperative clear fluid fasting regimens on the risk of pulmonary aspiration in children (EUROFAST): an international prospective cohort study British Journal of Anaesthesia, 2025; 135, 141-147.
3. Rüggeberg A, Meybohm P, Nickel E. Preoperative fasting and the risk of pulmonary aspiration—a narrative review of historical concepts, physiological effects, and new perspectives. BJA Open. 2024;10:100282. doi:10.1016/j.bjao.2024.100282.
4. Australian and New Zealand College of Anaesthetists. PG07 Guideline on pre-anaesthesia consultation and patient preparation. Melbourne: ANZCA; 2024 [Accessed 2025 Dec 11]. Available from: www.anzca.edu.au/getContentAsset/d4eb4cab-69e6-4228-8568-bbc911c6c505/80feb437-d24d-46b8-a858-4a2a28b9b970/PG07-Pre-anaesthesia-consultation-2024.pdf?language=en
5. Morrison CE, Ritchie-McLean S, Jha A, Mythen M. Two hours too long: time to review fasting guidelines for clear fluids. Br J Anaesth. 2020 Jan 17;124(4):363–6. doi:10.1016/j.bja.2019.11.036.
6. Marsman M, Kappen TH, Vernooij LM, van der Hout EC, van Waes JA, van Klei WA. Association of a liberal fasting policy of clear fluids before surgery with fasting duration and patient well-being and safety. JAMA Surg. 2023;158(3):254–63. doi:10.1001/jamasurg.2022.6789.
7. Agency for Clinical Innovation. Sip Til Send to reduce fluid fasting time [Internet]. Chatswood, NSW: ACI; 2024 Aug [cited 2026 Feb 2]. Available from: https://aci.health.nsw.gov.au/networks/anaesthesia-perioperative-care/resources/sip-til-send
8. Webb, A. R., Kalam, I., Lui, N., Loughnan, R. M., & Leong, S.(2024). A pre and post interventional audit of an 'apple juice on arrival' protocol to reduce excessive clear fluid fasting times in paediatric patients. Anaesthesia and intensive care, 52(5), 328–334.https://doi.org/10.1177/0310057X241263112
9. Australian and New Zealand College of Anaesthetists. PG09(G) Guideline on procedural sedation. Melbourne: ANZCA; 2023 [Accessed 2026 Mar 5]. Available from: /www.anzca.edu.au/getContentAsset/3faa17f6-a6e0-4719-9992-9d67acef952b/80feb437-d24d-46b8-a858-4a2a28b9b970/PG09%28G%29-Sedation-2023.pdf?language=en
10. Potter TE, Cronin JN, Kua J, et al. Peri-operative glucagon-like peptide-1 receptor agonist use and outcomes: a national prospective multicentre cohort study. Anaesthesia 2026 https://doi.org/10.1111/anae.70380
11. Australian and New Zealand College of Anaesthetists. Clinical practice recommendations regarding patients taking GLP-1 receptor agonists and dual GLP-1/GIP receptor co-agonists prior to anaesthesia or sedation for surgical and endoscopic procedures. Melbourne: ANZCA; 2025.
12. Royal Children's Hospital Melbourne. Fasting guidelines [Internet]. Melbourne: The Royal Children's Hospital; n.d. [Accessed 2026 Feb 2]. Available from: www.rch.org.au/clinicalguide/guideline_index/Fasting_Guidelines/#sip-til-send
13. Australian Diabetes Society, Australian and New Zealand College of Anaesthetists. Perioperative diabetes and hyperglycaemia guidelines for adults. Melbourne: ADS and ANZCA; 2022 [Accessed 2026 Jan 13]. Available from: www.diabetessociety.com.au/wp-content/uploads/2023/03/ADS-ANZCA-Perioperative-Diabetes-and-Hyperglycaemia-Guidelines-Adults-November-2022-v2-Final.pdf
14. Safer Care Victoria. Sip Til Send fluid fasting [Internet]. Melbourne: Victorian Government Department of Health; n.d. [Accessed 2026 Feb 2]. Available from: www.safercare.vic.gov.au/best-practice-improvement/clinical-guidance/non-urgent-elective-surgery/sip-til-send-fluid-fasting
15. Sydney Children's Hospitals Network. *Preoperative fasting guideline* [Internet]. Sydney, NSW: NSW Health; 2019 [Accessed 2026 Feb 2]. Available from: https://resources.schn.health.nsw.gov.au/policies/policies/pdf/2019-196.pdf

For more information

Please visit: safetyandquality.gov.au/sts

© Australian Commission on Safety and Quality in Health Care 2026