Introduction

Methods, cont'd

Results

Discussion

We found no clear association between fasting times and complication rates with a variety of medications and levels of sedation. Adverse reactions with medications were comparable to those previously cited [12]. Although current AAP guidelines [8] are intended to increase safety and decrease risk of sedation, they fail to address the potential complications of long fasting time for children, such as lassitude, need for increased medications for PDA, dehydration, and family stress [5, 13, 14]. Shortened fasting time may shorten postoperative observation needs [15] and some studies have shown no differences with varying fasting times [6, 16].

Our study was retrospective and took place in a single institution and results could vary across different institutions. Doses and medications were not standardized nor recorded. Measurement and standardization of oral intake was not performed in our study.

Fasting criteria need to be reconsidered, especially in young pediatric patients. Current AAP guidelines [8, 9, 11] likely differ on fasting time recommendations because of the variation of personnel, location, procedures performed, level of sedation, and medications used in PSA. Further multi-institutional studies are needed to further address this issue.

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