

Implementing 'SipTilSend' In Orthogeriatric Hip-Fracture Care: Feasibility And Early Process Outcomes

NHS

Chesterfield Royal Hospital
NHS Foundation Trust

A.Patel*, V. Addy, M. Braganza, Y. Umer, P. Kapoor – Chesterfield Royal Hospital

INTRODUCTION

Conventional pre-operative fasting advises no solids for 6 hours and no clear fluids for 2 hours before anaesthesia, after which patients are kept nil by mouth (NBM) until surgery (1).

In practice, frequent list changes mean older adults with hip fracture often remain NBM far longer than intended, contributing to dehydration, metabolic derangement, post-operative nausea and vomiting, and delirium (2).

SipTilSend (S2S) permits small volumes of clear fluids until transfer to theatre. This quality improvement project aims to improve comfort and patient experience in a medically complex older population without compromising safety.

METHODS

We implemented a simple water-only SipTilSend (S2S) pathway: 150 ml of still water hourly from 08:00 until transfer to theatre, following COPC contraindications (3).

Implementation occurred through **three PDSA cycles** (Figure 1):

- **Cycle 1 (from 06/05):** ward-nurse education (Figure 2), coloured 150 ml beakers, hourly chart prompts.
- **Cycle 2 (from 23/06):** multidisciplinary rollout (senior nursing, PT/OT, dietetics, pharmacy, catering).

All neck-of-femur admissions (01/03-10/08/2025) were reviewed; ineligible patients (per COPC guidance) were excluded.

Primary outcomes: **post-operative delirium** (4AT pre-/post-op), **post-operative nausea/vomiting** (antiemetic use), **length of stay**, and **documented aspiration events**.

Data sources: electronic prescriptions and National Hip Fracture Database (NHFD).

RESULTS

Baseline (n=93 neck of femur admissions): Median age 81 years (IQR 72–86); median length of stay 10 days (IQR 6–15); ASA ≥ 3 in 75.8%. Delirium (4AT ≥ 4) occurred in 23.1% pre-op and 20.4% post-op. Antiemetics were used in 32.3% within 48 hrs post-op; no aspiration events recorded.

Post-S2S implementation:

- **Stable delirium rates** (4AT ≥4: 21.3% pre-op, 22.2% post-op)
- **Reduced antiemetic use** (from 32.3% to 23.9%)
- **Shorter median length of stay** (9 days; IQR 6–15)
- **No aspiration or adverse events observed**

Staff feedback:

- **Cycle 1 (n=25):** confidence improved from 3.6 → 4.8/5; 96% identified the 150 ml hourly limit; 80% confirmed the water-only policy.
- **Cycle 2 (n=12):** confidence improved from 2.2 → 4.9/5; 100% cited the hourly limit; 83% confirmed water-only policy.

A recurring challenge i.e. identifying which patients were on the S2S pathway was addressed by introducing door-maps for bedside identification.

Overall, the S2S pathway was **safe, well-adopted**, and associated with **reduced antiemetic use** and **shorter stays without increasing aspiration risk**.

CONCLUSION

The water-only SipTilSend (S2S) pathway was safe, practical, and well adopted, with no adverse events. Early data showed reduced antiemetic use and a shorter hospital stay.

While some experienced staff expressed resistance, citing concerns about cancellations and hesitation to extend the pathway to trauma patients, overall engagement and uptake remained strong.

We're now analysing starvation times and exploring the introduction of carbohydrate drinks in our elective patient protocol.

REFERENCES

- 1) Smith, I. et al. (2011) 'Perioperative fasting in adults and children', European Journal of Anaesthesiology, 28(8), pp. 556–569.
- 2) De Klerk, E.S. et al. (2023) 'Incidence of excessive preoperative fasting: A prospective observational study', British Journal of Anaesthesia, 130(4).
- 3) Siptilsend (no date) Centre for Perioperative Care. Available at: <https://www.cpoc.org.uk/guidelines-and-resources/guidelines-resources/resources/sip-til-send>

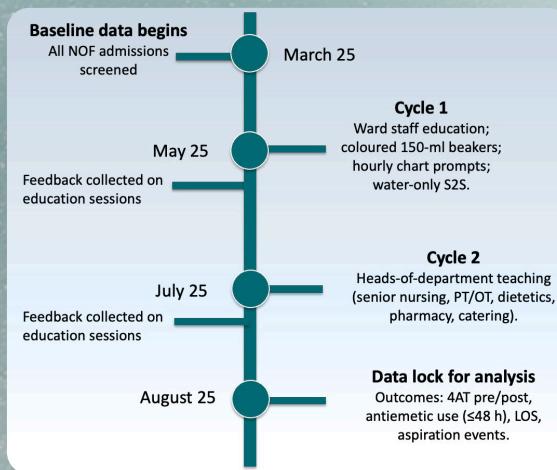


Figure 1

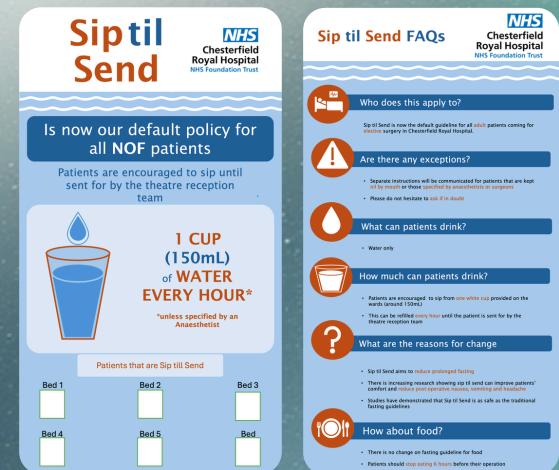


Figure 2