

Appendix 1: Study questionnaire form



**A Study of Pre-Operative Fasting Durations of Elective Caesarean Patients, And the Incidence of Fasting Hypoglycaemia and Ketonuria**

**Place patient sticker here**  
To ensure data not duplicated

Date:  Feb/March 2018

Weekday:  Mon  Tu  Wed  Th  Fr

*\*\*This section to be removed by the primary investigator to preserve patient anonymity*

**In which order did the patient undergo surgery?**

1  2  3  4  5  6  7

e.g. is this the 1<sup>st</sup> case if the list, 2<sup>nd</sup> case for the day?

**Patient Age**

**Number of previous Caesarean Sections**

**Who provided the patient with 'nil per os' or fasting instructions?**

Nurse

Ward doctor

Anaesthetist

Other patients

None of the above

**In the past 7 days, has the patient been fasted for any other elective lists? If so, for how many hours?**

hours or  N/A

**When did the patients last eat solids?**

H

**Number of hours since eating solids**

hours

**When did the patients last drink clear fluids?**

H

**Number of hours since drinking clear fluids**

hours

**Glucose Level**  
(mmol/dL)

**Urine ketones**

Trace  +  ++  +++  ++++

**\*\*\*Please complete ONCE A DAY for the last patient on the list\*\***

**Total number of Elective cases BOOKED**

**Number of Cases COMPLETED**

Thank you for completing this Audit  
For any questions, contact K. Morgan at 076 313 76 36

## Appendix 2

### CFAST Study

Thank you for assisting me with my thesis!

#### A quick run down of what it's about:

I am collecting data on the TOTAL fasting durations of all the elective caesarean patients, at Tygerberg, during the month of February.  
As well as identifying whether they are exposed to the consequences of hypoglycaemia and ketonuria, due to prolonged fasting.

#### What I Need You To Please Do

##### 1. Take informed consent from the patient

- explain that we only want to know how long caesarean patients are being kept "nil per os/ hungry" before theatre. The aim of the study is design better fasting protocols for them, in the future.
- Inform them that we will be taking a drop of their blood from the drip insertion, to check their sugar isn't too low.
- We will also test their catheter urine for ketones (to make sure they haven't been hungry for too long)
- we will not be causing them extra pain or discomfort for these tests
- Patient to then sign the study consent form. Keep the form with the data sheet.

**2. Take their HGT** with the first drop of blood from their IV cannula, PRIOR to connecting the IV line. The C2A Theatre has its own Accucheck Glucometer. Please use that machine with the correct coded sticks provided by the study.

**3. Urine** dipsticks are in the study bag. Check only for ketone presence, and how many +++.

##### 4. Ask the quick questionnaire

The questionnaire takes less than a minute to ask and can be performed after the spinal, when the patient is stable.

Ask them if they were starved for any other lists in the last 7 days. If they say "yes... on Monday from 22:00 → 18:00, and the same on Tuesday", then please write 20hr x 2 days in that answer box.

When it asks "when did you last eat"... that refers to LAST NIGHT/ before this operation, today.

#### HYPOGLYCAEMIA!!!!!!

An HGT < 3.9mmol/L is considered hypoglycaemia in a pregnant woman. Do not be shocked when you see sugars lower than that. The majority of study readings thus far, have been! Just record what you find.

If she is **asymptomatic**, but **HGT < 3.9** give 10ml 50% dextrose IVI  
If **asymptomatic** with an **HGT < 3.0** give 25ml 50% dextrose IVI  
If **symptomatic** with any **low HGT**, give 50 ml 50% dextrose IVI.

Indicate on the form, that you responded to the hypoglycaemia.