

Locally sourced carbohydrate drinks and oral supplements

For hospitals without commercial maltodextrin drinks or nutritional supplements.

Two different products, two different rules. A carbohydrate drink is a CLEAR fluid and follows the 2-hour rule. An oral nutritional supplement contains milk and solids, so it follows the **6-hour** rule. Confusing them is the one genuinely dangerous mistake on this page.

1. Preoperative carbohydrate drink • CLEAR FLUID • 2-hour rule

	Ingredients	Method	Timing
Night before	100 g (≈8 level tbsp) sugar 800 mL clean water	Dissolve fully. Serve at room temperature or chilled.	Sip over the evening, finishing by bedtime
Morning of surgery	50 g (≈4 level tbsp) sugar 400 mL clean water	Dissolve fully. Must be completely clear — no sediment.	Drink over 5–10 min, finishing 2 hours before induction

Acceptable substitutes for plain sugar: honey (equivalent weight), or a commercial clear soft drink providing the same carbohydrate load. Do **not** use fruit juice with pulp, milk-based drinks, or anything cloudy.

2. High-protein oral nutritional supplement • NOT a clear fluid • 6-hour rule

Ingredients	Method	Provides	Storage
3 boiled eggs 3 bananas 3 tbsp (≈50 g) sugar 1 litre milk	Blend or mash thoroughly until smooth. Divide into 2–3 servings across the day.	≈1000 kcal per litre ≈40 g protein per litre	Refrigerate. Use within 24 hours . Discard if unrefrigerated for more than 2 hours.

Give for 5–7 days before surgery in any patient identified as at nutritional risk, and restart postoperatively once oral intake is established. Continue after discharge in malnourished patients.

Safety and hygiene

☐	Prepared with clean water and clean utensils by a named person
☐	Eggs fully boiled — never raw or soft
☐	Container labelled with the patient's name and the time of preparation
☐	Refrigerated immediately; discarded after 24 hours
☐	Not given to a patient with a milk or egg allergy — check before the first dose
☐	Not counted as a clear fluid at any point in the fasting instruction
☐	Volume and intake recorded on the fluid/nutrition chart

Adapt to what your hospital actually has. The point is the macronutrient load — roughly 1000 kcal and 40 g of protein per litre — not this specific recipe. Your dietitian should sign off a local version using locally available, affordable ingredients, and it should be written into the unit protocol rather than passed on verbally.