CLINICAL PATHWAY:

Tonsillectomy & Adenoidectomy: Perioperative Care

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

Consider treating as outpatient:

- Age ≥ 4 years
- Apnea-Hypopnea Index < 5
- No other comorbid conditions (e.g. moderate to severe asthma, diabetes, Down Syndrome, craniofacial anomalies, morbid obesity, etc)
- Family does not live long distance from hospital
 - No additional clinical concerns

Consider Med-Surg for one of the following:

- Age < 4 years
- Apnea-Hypopnea Index ≥ 10
- Comorbid conditions (see outpatient criteria)
- Lives long distance from hospital
- Other clinical concerns

Consider PICU for one of the following:

- Apnea-Hypopnea Index > 20
- Severe overnight desaturations (<80%)
- Severe hypercarbia
- End organ changes from OSA

To OR

Operative Care:

- No perioperative antibiotics
- Dexamethasone 0.5 mg/kg x 1 (max dose 12 mg)

To OR

Operative Care:

- No perioperative antibiotics
- Dexamethasone 0.5 mg/kg x 1 (max dose 12 mg)

Post-Operative Care

Nursing Care

Continuous monitoring

- MS floors: while asleep
- PICU: continuous

When to notify provider:

- Bleeding
- SpO2 <90%

Post-op Antibiotics:

None

Post-op Pain Rx:

- Acetaminophen 15 mg/kg PO q6hr (max 1000 mg/dose) offset q3hrs with Ibuprofen
- Ibuprofen 10 mg/kg PO q6hr (max 600 mg/ dose)

If pain is severe, may substitute for Acetaminophen:

Hydrocodone/Acetaminophen (325 mg)
 0.1 mg Hydrocodone/kg/dose PO q6hr PRN (max 5-10 mg Hydrocodone/dose; max Acetaminophen 4000 mg/day)

FEN/GI:

- IVFs: D5 NS w/ 20 mEq KCI/L @ maintenance until tolerating good PO, then KVO
- <u>Diet:</u> Clears, advance to posttonsillectomy soft diet as tolerated

Discharge Criteria:

- No supplemental oxygen requirement, and none overnight
- No desaturations < 90% while on RA
- No signs of active bleeding
- Temperature < 39° C
- Tolerating adequate PO liquids (≥ 10 ml/kg/shift)
- Pain well controlled with oral medications as ordered

Discharge Medications and Instructions:

- Acetaminophen 15 mg/kg PO q6hr (max 1000 mg/dose) offset q3hrs with Ibuprofen
- Ibuprofen 10 mg/kg PO q6hr (max 600 mg/dose)
- If pain is severe, may substitute for Acetaminophen:
 - Hydrocodone/Acetaminophen (325 mg) 0.1 mg Hydrocodone/kg/dose PO q6hr PRN (max 5-10 mg Hydrocodone/dose; max Acetaminophen 4000 mg/day)
 *Dispense only 3 days worth.
- Light activity and no school x 1 week; No gym, sports or recess x 2 weeks
- Soft diet x 2 weeks; Encourage frequent fluid intake

Connecticut Children's

CONTACTS: CHRISTOPHER GRINDLE, MD