



Prior to surgery day

Patient scheduled for cleft palate surgical repair

Patient / family completes pre-op visit in Surgery Outpatient Clinic

PAT appointment or Clearinghouse pre-op call

Instructions received:
 • NPO initiation
 • Arrival time / location

48 hour SDS phone call prior to surgery date

Education topics discussed (*brochure*):
 • Diet restrictions and recommendations
 • Activity restrictions
 • Arm restraints
 • Complication information
 • Post-operative care:
 ▶ Pain control
 ▶ Expected medications
 ▶ Bathing recommendations
 ▶ Toothbrushing recommendations
 ▶ Care concerns

Peri-operative stay

Arrival to SDS for check in

Prior to surgery patient/family meets:
 • Pre-op nurse
 • Anesthesia
 • Surgeon
 • Child Life Therapist

Presurgical medications administered

Prior to incision:
 • Decadron (typical dosage range: 0.2 - 0.5 mg/kg)
 • Tylenol IV (dosage 12.5mg/kg IV)
 • Local anesthesia and antibiotics
Consider during surgical case:
 • Dexmedetomidine HCl (typical dosage range: 0.25 - 1.0 mcg/kg)
 • Long acting opioid titrated to effect (morphine or hydromorphone hydrochloride)

OR Pharmacist
24 hours prior to surgery
 Check OR schedule for cleft lip/palate repair cases
Day of surgery
 Check for current weight and mix IV Tylenol

Prior to leaving operating room:
 • Extubate
 • Apply elbow immobilizers

Monitor vital signs to include:
 • Pediatric Anesthesia Emergence Delirium Scale
 • Pain scores
Administer comfort measures:
 • Opioids for effect
 • Distraction therapy
 • Starts PO if tolerates **AND** administers first dose of clonidine
 • Reunite with family

Transfer to PACU

Does patient meet anesthesia discharge criteria?
 No → Continue monitoring in PACU
 Yes →

Consult with anesthesia for disposition

PACU handoff to Inpatient Nurse and Family:
 • Nurses responsible for care (PACU/Inpatient)
 • Length of time in PACU
 • Medications administered in the OR and PACU (including analgesics),
 • If PO was initiated and amount
 • Patient's overall progress during PACU stay

Transfer to Inpatient Unit

Inpatient stay
 (one night minimum, longer if needed)

Administer:
 Clonidine HCl 1 mcg / kg PO Q 8 hours, **for a total of 3 doses**, initiated either in PACU or upon arrival to inpatient area (hold if patient is bradycardiac, hypotensive, somnolent)

Ensure comfort measures:
 • Family at bedside
 • Analgesics for effect

Discharge criteria:
 • PO intake adequate
 • Caregiver comfortable with pts status
 • Pts pain controlled by PO medications

Nutrition during hospitalization:
 • Advance from Clear liquid to True liquid diet using either sputless cup, Brecth feeder, or pt's own cup
 • Encourage PO fluids
 • Encourage family members to offer fluids frequently

Nursing precautions:
 • No probing in mouth
 • No objects (including mouth swabs) in mouth
 • Suction only below tongue and mouth gutters
 • Keep elbow immobilizers on

Does pt meet discharge criteria?
 No → Ensure comfort measures
 Yes → Discharge home with post-operative follow up visit in two weeks