


Prior to surgery day

Algorithm finalized/ revised: 8/2019; 5/2020; 6/2020
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Patient scheduled for cleft palate surgical repair

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

Education topics discussed ([brochure available in 2020](#)):

- Diet restrictions and recommendations
- Activity restrictions
- Arm restraints
- Complication information
- Post-operative care including: Pain control, Expected medications, Bathing recommendations, Toothbrushing recommendations, Care concerns, and [Post-operative diet recommendations](#)

PAT appointment or Clearinghouse pre-op call

Instructions received:

- NPO initiation
- Arrival time / location

48 hour SDS phone call prior to surgery date

Prior to surgery patient/family meets:

- Pre-op nurse
- Anesthesia
- Surgeon
- Child Life Specialists

Arrival to SDS for check in

Peri-operative stay

Presurgical medications administered:
Gabapentin (loading dose: 10 mg/kg)

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 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)

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
- 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

Consult with anesthesia for disposition

Transfer to Inpatient Unit

Inpatient stay

(one night minimum, longer if needed)

Administer:

- Gabapentin PO TID dose: 5 mg/kg until discharge
- Acetaminophen IV Q 6 hours dose: 12.5 mg/kg
- Oxycodone PO PRN Q 4 hours for break through pain (caution advised if administering gabapentin and oxycodone within 30 minutes of each other)

Discharge criteria:

- PO intake adequate
- Caregiver comfortable with pts status
- Pts pain controlled by PO medications

Ensure comfort measures:

- Family at bedside
- Analgesics for effect

Nursing precautions:

- No probing in mouth
- No objects (including mouth swabs) in mouth
- Suction only below tongue and mouth gutters
- Keep elbow immobilizers on

Nutrition during hospitalization:

- [Advance from Clear liquid to True liquid diet using either spoutless cup, Brecht feeder, or pt's own cup](#)
- Encourage PO fluids
- Encourage family members to offer fluids frequently

Does pt meet discharge criteria?

No → Ensure comfort measures

Yes → Discharge home with post-operative follow up visit in two weeks