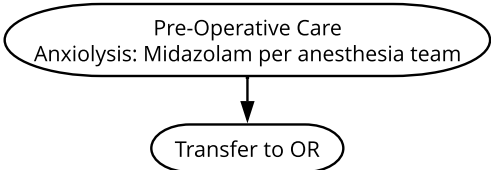


Abbreviations (laboratory and radiology studies excluded):
 PO - by mouth
 PONV - postoperative nausea and vomiting
 P.T. - Physical Therapy
 TIVA - total intravenous anesthesia

Preoperative Care



Intraoperative Care

Intraoperative Medication Bundle

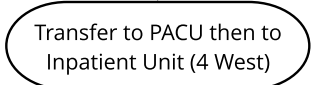
- **Antibiotics:**
 - Discuss at huddle
 - Administer before incision
- **Antiemetics:**
 - 0.1 mg/kg IV dexamethasone, 0.15 mg/kg IV ondansetron
- **Multimodal Analgesia:**
 - IV acetaminophen 12.5 mg/kg
 - Ketorolac 0.5 mg/kg (max 30 mg)
 - Consider dexmedetomidine infusion
 - Consider ketamine infusion
- **Limit IV opioids:**
 - Fentanyl prn
 - Avoid long-acting opioids

Regional/Neuraxial Anesthesia

- **Discuss with surgeon at huddle**
- **Transverse Abdominal Plane (TAP) Blocks**
 - Colostomy closure (specifically in the anorectal malformation patients)
 - Ileostomy closure (all patients)
 - Contact Regional Anesthesia Service provider for assistance if needed
- **Surgeon injects local if no regional anesthesia**

Maintenance of Anesthesia

- **Volatile** or TIVA maintenance at discretion of anesthesiologist
- **Normothermia:**
 - Room temperature set to 70° F
 - Utilize Bair Hugger
 - Goal intraoperative temperature 36° - 38° C
- **Euvolemia:**
 - Goal is clinical **euvolemia** (zero fluid balance, no net weight gain on POD #1)
 - **Plasmalyte at 3-7 ml/kg/hr** (additional as clinically indicated)



Postoperative - Inpatient to discharge

Main discharge criteria & goals of care:

Bowel regimen

- Daily bowel movement with prescribed regimen (refer to orders)

PONV & Diet

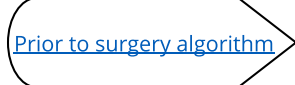
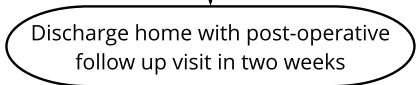
- Avoidance of NG tube
- Tolerate regular diet
- Tolerate oral pain medications

Postoperative Pain Management

- Minimize long-acting opioids
- Scheduled Acetaminophen (10 mg/kg/dose q 4 hrs prn)
- Scheduled Ibuprofen (10 mg/kg/dose given q 6 hrs prn)
- Transition to PO oxycodone (0.1 mg/kg/dose given q 4 hrs prn) once tolerating clears

Ambulation

- Ambulate 3x/day for patients **OR** majority of day out of bed
- Consider P.T. consult



This care process model is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgement which should be applied based upon the individual circumstances and clinical condition of the patient.