### **Tonsillectomy/Adenoidectomy:** Post-Operative Management at Children's Mercy Kansas (CMK) **Clinical Pathway Synopsis**

#### Tonsillectomy/Adenoidectomy Post-Operative Management at CMK Algorithm

#### Indications for transfer to CM Adele Hall (AH):

- Post-operative bleeding
- · Severe airway obstruction
- · Concern from physician

#### Indications for overnight stay:

- Persistent nausea/vomiting
- · Refusal of oral hydration
- · Poor pain control
- · Mild hypoxia and/or concerns for mild airway obstruction
- · Persistent oxygen requirement

#### Overnight management considerations:

- Monitoring
- · Continuous cardiorespiratory monitoring
- · Continuous pulse oximetry monitoring
- Vitals (q1 hr for 4 hrs, then q4 hrs)

#### · Airway management

- · Monitor for signs of obstruction (e.g., snoring and/or noisy breathing)
- Uvula edema is common post-operatively

#### Pain control

- Scheduled alternating doses:
- · Acetaminophen (PO) 15 mg/kg (max 640 mg) q6 hrs
- · Ibuprofen 10 mg/kg, (max 400 mg) q6 hrs
- Do NOT administer ketorolac
- Do NOT administer codeine-containing pain medications
- Consider oxycodone 0.1 mg/kg (max dose 5 mg) q4 hrs PRN severe pain

#### Nausea/vomiting

- Anti-emetics (PRN, Not scheduled)
- 1st line: diphenhydramine 0.5 mg/kg (max dose 25 mg) one time only
- · 2nd line: ondansetron 0.1 mg/kg, q6hr
- · For persistent postoperative nausea/vomiting, page ENT and consider other agents (e.g., prochlorperazine, promethazine)

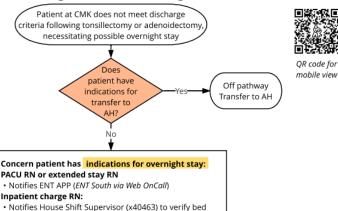
#### Hvdration/diet

- Encourage clear liquids postoperatively and advance to soft foods as tolerated
- If PO fluid intake poor and/or recurrent vomiting, then maintenance IV fluids
- · No sharp foods

If concerns for acute bleeding, page ENT immediately. Transfer patient to AH.

#### Other possible (rare) complications to be aware of:

- Pneumothorax
- Subcutaneous emphysema



#### ENT APP to perform the following:

availability at CMK

- · Change "extended stay" order to "extended stay overnight" order
- Call Platinum Team attending (x40762) with brief checkout for awareness



#### ENT remains primary service/contact for patient If postoperative questions overnight:

- First call: ENT APP (ENT South via Web OnCall)
- · Second call (if first unavailable): ENT attending on call

#### Overnight evaluation:

- · For urgent needs overnight requiring bedside evaluation, page ENT and then also contact Platinum Team attending (hospitalist- x40762) and Respiratory Therapy (x27024)
  - · ENT APP will order Gen Peds consult
  - · Hospitalist will assess patient and place any necessary orders

#### • If acute bleeding:

- . Immediately notify ENT and Platinum Team attending
- Hospitalist can facilitate transfer to AH and notify ENT service at AH of patient transferring (or PICU if
- Place order for Respiratory Therapy to administer inhaled tranexamic acid (250 mg for ≤ 25 kg; 500 mg for >25 kg)

### Morning ENT APP will evaluate patient during morning rounds and determine disposition

#### Abbreviations:

AH- Children's Mercy Adele Hall APP- Advanced practice provider CMK- Children's Mercy Kansas ENT- Ear, Nose & Throat (Otolaryngology) PICU- Pediatric Intensive Care Unit



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#### **Objective of Clinical Pathway**

To provide care standards for the patient at Children's Mercy Kansas (CMK) who has undergone tonsillectomy and/or adenoidectomy and does not meet criteria for same-day discharge, requiring overnight hospitalization. This clinical pathway aims to standardize the process for assessing, admitting, and caring for these patients.

#### **Background**

Although most patients without underlying co-morbidities undergoing tonsillectomy and/or adenoidectomy may be discharged home the day of the surgery, patients who develop complications may require escalated care, including transfer to a higher acuity unit (for bleeding, severe airway obstruction, or physician concern), or overnight hospitalization for observation and symptom management (Amoils et al., 2016; Wetmore, 2017). Indications for extended stay include persistent nausea or vomiting, refusal of oral hydration, poor pain control, mild hypoxia, concern for mild airway obstruction, or persistent oxygen requirement (Wetmore, 2017). The Tonsillectomy/Adenoidectomy Post-Operative Management at CMK Clinical Pathway provides guidance to improve communication and minimize delays for the admission process, evaluation, and management of these patients by standardizing the roles of post-anesthesia care, otolaryngology, hospital medicine, and inpatient unit nursing.

#### **Target Users**

- Physicians (Otolaryngology, hospitalists at CMK)
- Advanced Practice Providers
- Nurses (PACU, extended stay, CMK inpatient)
- Respiratory Therapists

#### **Target Population** Inclusion Criteria

Patients with tonsillectomy or adenoidectomy performed at CMK who do not meet discharge criteria and may require an overnight stay

#### **Practice Recommendations**

In lieu of a clinical practice guideline fully addressing the post-operative management of patients undergoing tonsillectomy or adenoidectomy at Children's Mercy Kansas, expert consensus of the clinical pathway Committee informed the assessment, acute management, and referral guidance in this pathway.

#### **Additional Questions Posed by the Clinical Pathway Committee**

No additional clinical questions were posed for this review.

#### **Measures**

Access of the clinical pathway (website hits)

#### **Value Implications**

The following improvements may increase value by reducing healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families and reducing costs and resource utilization for healthcare facilities.

Decreased unwarranted variation in care

#### **Organizational Barriers and Facilitators**

#### Potential Barriers

- Variability of the acceptable level of risk among providers
- Variability in experience among clinicians
- Need for effective communication and coordination among clinicians and specialties

#### Potential Facilitators

Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development

- Anticipated high rate of use of the clinical pathway
- Use of the associated order set

#### **Bias Awareness**

Bias awareness is our aim to recognize social determinants of health and minimize healthcare disparities, acknowledging that our unconscious biases can contribute to these inequities

#### **Associated Order Sets**

ENT Post-Op Tonsillectomy

#### **Associated Policies**

There are no policies associated with this clinical pathway.

#### **Clinical Pathway Preparation**

This pathway was prepared by the EBP Department in collaboration with the Tonsillectomy/Adenoidectomy Post-Operative Management at CMK Clinical Pathway Committee, composed of content experts at Children's Mercy. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

#### Tonsillectomy/Adenoidectomy Post-Operative Management: CMK Clinical Pathway Committee Members and Representation

- Jill Arganbright, MD | Otolaryngology | Committee Co-Chair
- Jamie Reasoner, DO | Hospital Medicine | Committee Co-Chair
- Karen Beaudet, APRN | Otolaryngology | Committee Member
- Jamie Bolen, MSN, RN, CPN | CMK Perioperative Services | Committee Member
- Darilyn Carpenter, MSN, RN, CNOR | Perioperative Services | Committee Member
- Samantha Cornell, APRN | Otolaryngology | Committee Member
- Hannah Cunningham, DNP, RN, FNP-BC, CCRN | CMK Nursing Administrative Operations | Committee Member
- Codi Cutburth, MSN, RN | CMK Inpatient Unit | Committee Member
- Nichole Doyle, MD, FASA, FAAP | Anesthesiology | Committee Member
- Gretchen Golden, APRN | Otolaryngology | Committee Member
- Kerrie Meinert, MHA, RRT-NPS | Respiratory Care | Committee Member
- Rachel Quaile, MSN, RN, FNP-BC | Otolaryngology | Committee Member
- Murari Vasudevan, MD | Anesthesiology | Committee Member

#### **EBP Committee Members**

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice
- Megan Gripka, MPH, MLS (ASCP) SM | Evidence Based Practice

#### **Clinical Pathway Development Funding**

The development of this clinical pathway was underwritten by the following departments/divisions: Otolaryngology, Hospital Medicine, Anesthesiology, Respiratory Care, CMK Perioperative Services, CMK Inpatient Unit, and Evidence Based Practice.

#### **Conflict of Interest**

The contributors to the Tonsillectomy/Adenoidectomy Post-Operative Management: CMK Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

#### **Approval Process**

This pathway was reviewed and approved by the EBP Department and the Tonsillectomy/Adenoidectomy Post-Operative Management: CMK Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.



**Review Requested** 

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Department/Unit	Date Requested	
Anesthesiology	September 2025	
Hospital Medicine	September 2025	
Otolaryngology	September 2025	
CMK Nursing	September 2025	
Evidence Based Practice	September 2025	

**Version History** 

Date	Comments
October 2025	Version one – clinical pathway development

#### **Date for Next Review**

2028

#### **Implementation & Follow-Up**

- Once approved, the pathway was implemented and presented to the appropriate care teams:
  - o Announcements made to relevant departments
  - o Additional institution-wide announcements were made via the hospital website and relevant huddles
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at CMKC. Pathway committees are involved with every review and update.

#### Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment to determine what is in the best interests of the patient based on the circumstances existing at the time.

It is impossible to anticipate all possible situations that may exist and to prepare clinical pathways for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.



#### References

Amoils, M., Chang, K. W., Saynina, O., Wise, P. H., & Honkanen, A. (2016). Postoperative complications in pediatric tonsillectomy and adenoidectomy in ambulatory vs inpatient settings. *JAMA Otolaryngology–Head & Neck Surgery*, 142(4), 344-350. https://doi.org/10.1001/jamaoto.2015.3634

Wetmore, R. F. (2017). Surgical management of the tonsillectomy and adenoidectomy patient. *World journal of otorhinolaryngology-head and neck surgery*, *3*(3), 176-182. https://doi.org/10.1016/j.wjorl.2017.01.001