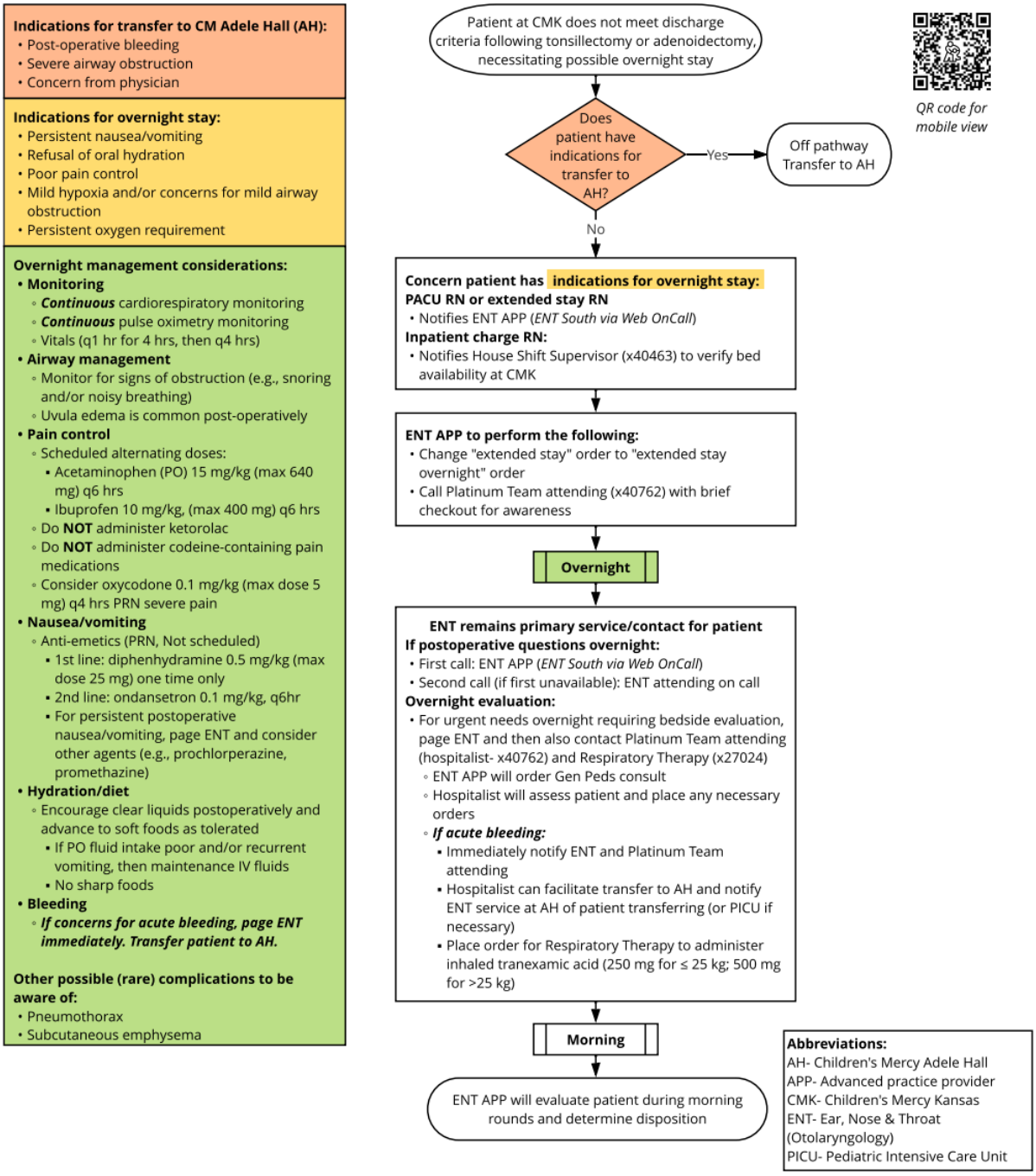
Tonsillectomy/Adenoidectomy: Post-Operative Management at Children's Mercy Kansas (CMK) Clinical Pathway Synopsis

Tonsillectomy/Adenoidectomy Post-Operative Management at CMK Algorithm



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 in determining 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 a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.

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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

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:
  - Announcements made to relevant departments
  - 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