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Introduction

Target Population:

- This pathway is for use with children aged 10-18 years old with no underlying disease or comorbidity who have been consulted and admitted by the General and Thoracic Surgery Team for a pectus excavatum repair (NUSS or Ravitch procedure).
- Patients are to be removed from this pathway if there are significant postoperative complications (example bowel obstruction or prolonged TPN), or a change in diagnosis.

Target users:

- Surgeons, medical trainees (residents and fellows), Nurse Practitioners, and bedside nurses.

Pectus Excavatum Care Pathway

Expected Date of Discharge:

	PRE-OPERATIVE	RECOVERY	DISCHARGE
GOALS	<ol style="list-style-type: none"> 1. Hydration maintained 2. Adequate pain control 3. Patient prepared for OR 4. Child/family are advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document 	<ol style="list-style-type: none"> 1. Afebrile 2. Adequate pain control 3. Mobility as tolerated 4. Able to tolerate clears (immediately post-op) 5. Incision intact, dry, and no drainage 	<ol style="list-style-type: none"> 1. Afebrile 2. Adequate pain control 3. Ambulating 4. Able to tolerate diet 5. Incision dry & intact 6. Child/ caregiver teaching completed 7. Family understands discharge teaching
PHYSICAL EXAM	<ul style="list-style-type: none"> • Obtain history • Complete physical exam • Assess vital signs • Complete pain assessment (refer to Pain Assessment Guidelines) 	<ul style="list-style-type: none"> • Complete pain assessment every 4 hours • Ensure child has adequate pain control (refer to Pain Management Guidelines) • Monitor vital signs as per BPews • Obtain accurate in and out • Complete wound assessment • Complete JP drainage assessment and strip tubing every hours 	<ul style="list-style-type: none"> • Adequate pain control • JP drain removal if output <30 ml/day
DIET & IV FLUIDS	<ul style="list-style-type: none"> • Ensure that patient is NPO • Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance • Bolus as indicated • Refer to Fluid and Electrolyte Guidelines 	<ul style="list-style-type: none"> • Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance • Bolus as indicated • Clear fluids to diet as tolerated • TKVO once adequate oral fluid intake • Refer to Fluid and Electrolyte Guidelines 	<ul style="list-style-type: none"> • Regular diet
MEDICATION		<ul style="list-style-type: none"> • PCA or Thoracic Epidural as per Acute Pain Services (APS); wean as tolerated • If pain/fever, administer Acetaminophen as indicated • NSAIDs as needed for pain/fever • For NUSS procedure only; use Methocarbamol (Robaxacet); need to assess Acetaminophen total daily intake, not to exceed 75 mg/Kg/day 	<ul style="list-style-type: none"> • Provide prescription for oral narcotics • Ibuprofen/Acetaminophen as indicated • H2 Blocker if on NSAIDs • For NUSS procedure only: use Methocarbamol (Robaxacet) as indicated • For bowel management: Polyethylene Glycol 3350 (PEG 3350)
ACTIVITY & EDUCATION	<ul style="list-style-type: none"> • Activity: as tolerated • Consent for surgery • Provide education re: pre-operative process for child and caregiver • Teach parent/caregiver about post-operative care of pectus excavatum repair; consider medical alert bracelet 	<ul style="list-style-type: none"> • Physiotherapy: deep breathing and coughing, incentive spirometer, activity restrictions teaching, and mobility as tolerated • Review incision care: leave steristrips until they fall off or remove after 10 days • Review activity: activities of daily living as tolerated, encourage ambulation, and use of incentive spirometer, and no contact sports for 2-6 months • Review bathing: may shower or bathe 48 hours after surgery • Review signs and symptoms of wound infection: fever, redness, drainage, and/or increasing pain around incision, and/or fluid accumulations under incision 	<ul style="list-style-type: none"> • Activity: activities of daily living as tolerated with restrictions, encourage ambulation, ensure incentive spirometry, and review restrictions i.e. no contact sports for 2-6 months (to be assessed by surgeon during clinic appointment). • Review when to call surgeon's office: if signs of wound infection, signs of sepsis (review signs and symptoms with caregiver), increasing chest pain or shortness of breath, and/or reoccurrence of pectus deformity. • Book follow-up appointment for 6-8 weeks post-op including chest x-ray for NUSS procedure; and ensure Pectus/NUSS card is provided

PRINTABLE VERSION

Guideline Group and Reviewers

Guideline Group Membership

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Attachments:

[pectus final 2019.pdf](#)