Introduction

This pathway was developed by an interdisciplinary clinical group from SickKids using research knowledge, clinical experience, and consensus agreement. This pathway is a general guideline and does not represent a professional care standard governing providers’ obligations to patients. Care is revised to meet individual patient needs.

Target Population

- Children aged 2-18 years old who have undergone a laparoscopic cholecystectomy by the General Surgery Team;
- Patients are to be removed from this pathway if there are significant underlying disease, significant postoperative complications (e.g., bowel obstruction or prolonged TPN) or a change in diagnosis; and
- If a patient has Sickle Cell Disease please consult hematology for guidance on fluids, oxygen, and pain management. These patients are pre-admitted the day before surgery.

Target Users

- Surgeons, residents, fellow and nurses on ward.
### Laparoscopic Cholecystectomy Care Pathway

**Expected Date of Discharge:** within 24 hours post-op

<table>
<thead>
<tr>
<th>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST-OP DAY 4</th>
<th>DISCHARGE</th>
</tr>
</thead>
</table>
| 1. Hydration maintained  
2. Adequate pain control  
3. Patient prepared for OR  
4. Child/teenager are advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document | 1. Ab明星t  
2. Adequate pain control  
3. Ambulation as tolerated  
4. Able to tolerate clear fluids (immediately post-op)  
5. Inclusion intact, no drainage, dry and intact | 1. Ab明星t  
2. Adequate pain control  
3. Ambulation  
4. Able to tolerate diet  
5. Incision dry & intact | 1. Ab明星t  
2. Adequate pain control  
3. Ambulation  
4. Able to tolerate diet  
5. Incision dry & intact  
6. Child/carer teaching completed  
7. Family understanding discharge teaching |

**Physical Exam**
- Obtain history  
- Complete physical exam  
- Assess vital signs  
- Complete pain assessment (refer to Pain Assessment Guidelines)  
- Ensure child has adequate pain control (refer to Pain Management Guidelines)

**Gastric Intubation**
- Ensure NPO  
- Clear fluids to diet as tolerated  
- Administer Enfamil or Neocate with 20mL of KCL at maintenance  
- TKG once adequate oral intake  
- Diet as tolerated

**Medications**
- Complete CBC and differential  
- Cross and type  
- Labs as clinically indicated  
- If外出发热, administer acetaminophen as indicated  
- Keppra/Levetiracetam every 6 hours as needed for pain  
- Morphine as indicated

**Activity & Intubation**
- Activity as tolerated  
- Consent for surgery  
- Pre-op procedures for child and caregiver  
- Activity: out of bed to shower and ambulating in halo very slowly  
- Review when diet is started  
- Review need for pain management  
- Review need for mobility  
- Review need for parent involvement in care

**Related Documents**

- Care of Patients Receiving Continuous Infusion of Opioids
- Care of Patients Receiving Patient Controlled Analgesia
- SickKids Formulary
- Fluid & Electrolyte Administration in Children

**References**


### Guideline Group and Reviewers

**Guideline Group Membership**

1. Monping Chiang RN (EC), MN, FNP, NP General Surgery
2. Fatma A. Rajwani, PT, Quality Management

**Internal Reviewers**

1. Jacob Langer MD Pediatric Surgeon

**External Reviewer**

1. Sharifa Himidan MD Pediatric Surgeon, North York General Hospital

### Implementation Plan

- Education and awareness building by General Surgery Program (Surgeons, NPs, fellows, nurse educator) at: fellow orientation (once per year) nursing orientation (every 3 months), and residents orientation (every month).
- Surgeons to communicate any updates in practice to Division of General Surgery.

### Evaluation Plan

- Abdominothoracic Approach order set utilization
- Length of stay (LOS)
- Correlation between LOS and order set utilization

### Attachments:

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