Laparoscopic Splenectomy Care Pathway

Introduction

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

Target Audience:

- **Inclusion**: Children aged 2-18 years old with no underlying disease or comorbidity who have been required to have a laparoscopic splenectomy by the General Surgery Team.

- **Exclusion**: 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*

  - Care should be revised to meet individual patient needs.

Target Users:

- Surgeons, Nurse Practitioners, residents, fellow, and nurses on ward.
**Laparoscopic Splenectomy Care Pathway**

**Expected Date of Discharge:**

<table>
<thead>
<tr>
<th>PRO-OPERATIVE</th>
<th>IMMEDIATELY POST OPERATIVELY</th>
<th>POST OP DAY #1</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Patient prepared for OR</td>
<td>3. Antihistamines are ordered</td>
<td>3. Antihistamines are ordered</td>
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<tr>
<td>4. Child/Adult are admitted to post-op floor; W/P’s to be used upon arrival. Refer to procedure document</td>
<td>4. Able to tolerate clear liquids (immediately post-op)</td>
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<td>5. Indwelling iv, no drainage, d &amp; i</td>
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**PHYSICAL EXAM:**
- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Obtain accurate in and out

**MEDICATION:**
- Complete pain assessment every 4 hours
- Ensure child has adequate pain control (refer to Pain Management Guidelines)
- Monitor vital signs as per Nursing Care Plan
- Obtain accurate in and out
- Complete wound assessment
- Complete abdominal assessment

**NURSING:**
- Clear fluids diet as tolerated
- Monitor VS and WBC daily
- Provide care for IV, arterial line, and central venous line
- Check incision for signs of infection
- Review pain management plan
- Review nutrition plan
- Review pain medication plan

**CARES & EDUCATION:**
- Activity as tolerated
- Consent for surgery
- Review post-op procedures for child and caregiver
- Explain family about post splenectomy sequelae: fever, chills, malaise, myalgia, diarrhea or vomiting
- Consider medical alert bracelet

**ACTIVITY & EDUCATION:**
- Activity: out of bed to chair
- When diet will be started
- Review need for pain management
- Review need for mobility
- Review need for parental involvement in care

**IMPLEMENTATION PLAN:**
- Referral to physical therapy
- Review nutrition plan
- Review pain management plan
- Review pain medication plan
- Review post-op #1 teaching

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**PRINTABLE VERSION**

**Guideline Group and Reviewers**

**Guideline Group Membership**

1. Monping Chiang RN (EC), MS, FNP General Surgery
2. Fatma A. Rajwani PT, Quality Analyst, Quality Management Department

**Internal Reviewers**

1. Annie Fecteau, MD Chief of General and Thoracic Surgery

**External Reviewer**

1. Sharifa Himidan MD North York General Hospital

**Implementation Plan**

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• 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.

References


Attachments:

Lap_spleen_final_2019.pdf