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>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST-OFF DAY #1</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SITES</strong></td>
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<tr>
<td><strong>PHYSICAL EXAM</strong></td>
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<tr>
<td>Obtain history  Complete physical exam  Assess vital signs</td>
<td>Complete pain assessment every 4 hours  Ensure child has adequate pain control (refer to Pain Management Guidelines)  Monitor vital signs as per ETT sheet  Obtain accurate in and out  Complete wound assessment  Complete abdominal assessment</td>
<td>Complete pain assessment every 4 hours  Ensure child has adequate pain control (refer to Pain Management Guidelines)  Monitor vital signs as per ETT sheet  Obtain accurate in and out  Complete wound assessment  Remove surgical dressing but leave stents</td>
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<tr>
<td><strong>IN TEST BLOOD</strong></td>
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<tr>
<td>Ensure that patient is NPO  Administrator CSWR.9 NaCl with 20mEq KCL/L at maintenance  Dips as indicated  Refer to Fluid and Electrolyte Guidelines</td>
<td>Clear fluids diet as tolerated  Administrator CSWR.9 NaCl with 20mEq KCL/L at maintenance  Dips as indicated  Refer to Fluid and Electrolyte Guidelines</td>
<td>Clear fluids diet as tolerated  IV to maintain fluid balance  Refer to Fluid and Electrolyte Guidelines</td>
<td>Diet as tolerated</td>
</tr>
<tr>
<td><strong>CABER &amp; INFECTION</strong></td>
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<tr>
<td>Complete CBC with differential  Cross and type  Ensure immunizations are complete: Hepatitis A and B, pneumatic meningitis, tetanus toxoid, and meningitis</td>
<td>Complete later as clinically indicated  IV morphine as indicated  If patient/adenovirus as indicated  NSAIDs as needed for pain and fever (check with surgeon if safe)  Administer IV antibiotics (CefAzolin) until tolerating regular diet, then switch to Penicillin DK (unless drug allergy and consult hematology)</td>
<td>Complete later as clinically indicated  IV morphine as indicated  If patient/adenovirus as indicated  NSAIDs as needed for pain and fever (check with surgeon if safe)  Administer IV antibiotics (CefAzolin) until tolerating regular diet, then switch to Penicillin DK (unless drug allergy and consult hematology)</td>
<td>If needed, provide prescription for oral pain medication  Provide prescription for oral penicillin VK (or equivalent if allergic)</td>
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<tr>
<td><strong>ACTIVITY &amp; EDUCATION</strong></td>
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<tr>
<td>Activity: as tolerated  Consent for surgery  Review pre-procedures for child and caregiver  Educate family about post splenectomy care (blood, diet, activities, medications, or vomiting)  Consider medical alert bracelet</td>
<td>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</td>
<td>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</td>
<td>Review when to call surgeon's office and seek immediate medical attention if wound infection and sore of suture.  Book follow-up appointment with surgeon in 6-8 weeks post op.  Book follow-up appointment with family doctor in pediatrics within 1 week.  Book follow-up appointment with hematology clinic and your primary care provider  Review post-op #1 teaching</td>
</tr>
</tbody>
</table>

### 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