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><strong>PRE-OPERATIVE</strong></th>
<th><strong>IMMEDIATELY POST-OPERATIVELY</strong></th>
<th><strong>POST-OP DAY #1</strong></th>
<th><strong>DISCHARGE</strong></th>
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</table>
| 1. Hydration maintained  
2. Adequate pain control  
3. Patient prepared for CRH  
4. Child/family are advised of pre-op baths. Wipes to be used upon arrival. Refer to procedure document. | 1. Allogenic  
2. Adequate pain control  
3.itant use as tolerated  
4. Able to tolerate clear (immediately post-op)  
5. Insulin infus. no drainage; dry and intact. | 1. Allogetic  
2. Adequate pain control  
3. Ambulating  
4. Able to tolerate diet  
5. Insulin dry & intact.  
6. Child caregivers testing completed  
7. Family understands discharge teaching. | 1. Allogenic  
2. Adequate pain control  
3. Ambulating  
4. Able to tolerate diet  
5. Insulin dry and intact. |

### PHYSICAL EXAM

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Obtain accurate in and out

### INITIAL CARE

- Ensure that patient is NPO
- Administer CSWR or NaCl with 25mEq KCl/L at maintenance
- Diuresis as indicated
- Refer to Fluid and Electrolyte Guidelines

### LABS AND IMAGING

- Complete CBC with differential
- Cross and type
- Ensure immunizations are complete: Diphtheria, Pertussis, Hepatitis B, Varicella, Haemophilus influenza.
- Complete lab as clinically indicated
- IV morphine as indicated
- If patient needs to be pain and fever (check with surgeon if safe)
- Administer IV antibiotics (Cefazolin) until tolerating regular diet, then switch to Penicillin (if unless drug allergy and consult hematology)

### ACTIVITY & EDUCATION

- Activity: as tolerated
- Consent for surgery
- Review pre-op procedures for child and caregiver
- Educate family about post-splenectomy sequelae (fever, chills, malaise, myalgia, diarrhea or vomiting)
- Consider medical alert bracelet

### IMPLEMENTATION PLAN

1. If morphine, warn off
2. If panhete, administer acetaminophen as indicated
3. Insulins as needed for pain
4. Continue IV antibiotics (Cefazolin) until tolerating regular diet; then switch to Penicillin (unless drug allergy and consult hematology)

### DISCHARGE

- Diet as tolerated
- Review when to call surgeon’s office and seek immediate medical attention if wound infection and sore of wound.  
- Book follow-up appointment with surgeon 6-8 weeks post-op.  
- Book follow-up appointment with family doctor/pediatrician within 1 week
- Book follow-up appointment with hematology clinic
- Review post-op #1 teaching
• 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