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 Repair Care Pathway

### Version: 2

**Pre-Operative**
- Hydration maintained
- Adequate pain control
- Fluid and electrolyte balance
- Intra-operative care

**Expected Date of Discharge**
- Adequate pain control
- Discharge preparation
- Follow-up appointment

<table>
<thead>
<tr>
<th>Pre-Operative</th>
<th>Recovery</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Obtain history</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Complete physical exam</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Assess vital signs</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Complete pain assessment (refer to Pain Management Guidelines)</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Monitor vital signs per patient</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Obtain accurate in and out</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Complete wound assessment</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Complete IV access assessment and strip tubing every hours</td>
<td>Complete pain assessment every 4 hours</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td><strong>Medication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PCA or Thoracic Epidural as per Anesthesia Department (APN)</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Use of morphine or fentanyl as per Anesthesia Department (APN)</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Use of anti-emetics as per Anesthesia Department (APN)</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Use of anti-emetics as per Anesthesia Department (APN)</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Use of anti-emetics as per Anesthesia Department (APN)</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td>- Use of anti-emetics as per Anesthesia Department (APN)</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
</tr>
</tbody>
</table>

### Guideline Group and Reviewers

**Guideline Group Membership**

1. Monping Chiang RN (EC), MS, NP General Surgery
2. Dina Prajapati RN(EC), BScN, MN, NP-PHC General Surgery

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document may be reproduced or used strictly for non-commercial clinical purposes. However, by permitting such use, SickKids does not grant any broader license or waive any of its exclusive rights under copyright or otherwise at law; in particular, this document may not be used for publication without appropriate acknowledgement to SickKids. This Clinical Practice Guideline has been developed to guide the practice of clinicians at the Hospital for Sick Children. Use of this guideline in any setting must be subject to the clinical judgment of those responsible for providing care. SickKids does not accept responsibility for the application of this guideline outside SickKids.
This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic SharePoint version prior to use.

Pectus Excavatum Repair Care Pathway

Version: 2

Internal Reviewers
1. Jacob Langer MD Pediatric Surgeon
2. Annie Fecteau MD Pediatric Surgeon
3. Sabrina Boodhan, Clinical Pharmacist

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

References

Attachments:
pectus_final_2019.pdf