Pectus Excavatum Repair Care Pathway

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 Care Pathway

### Expected Date of Discharge:

**PRE-OPERATION**
- Hydration maintained
- Adequate pain control
- Patient prepared for OR
- Child/family are advised of pre-op bath. Wipes to be used upon arrival. Refer to [procedure document](#).

**PERIODIC ASSESSMENT**
- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to [Pain Assessment Guidelines](#))

**POST-OPERATION**
- Complete post-operative care
- Fluid intake and output
- Monitor vital signs as per bed orders
- Obtain accurate in and out
- Complete wound assessment
- Complete JP drainage assessment and strip tubing every hours

**DIET & IV FLUIDS**
- Ensure that patient is NPO
- Administer D5W/0.9 NaCl with 20mEq KCl/L at maintenance
- Bolus as indicated
- Refer to [Fluid and Electrolyte Guidelines](#)

**MEDICATION**
- PCA orThoracic Epidural as per Acute Pain Services (APS) guidelines
- NSAIDs as needed for pain management
- For NURS procedure only, use Methylxanthine (Rota-Fluton), need to assess Acetaminophen total daily intake, not to exceed 75 mg/kg/day
- Refer to [Fluid and Electrolyte Guidelines](#)

**ACTIVITY & EDUCATION**
- Activity as tolerated
- Consent for surgery
- Provide education re: pre-operative care for child and caregiver
- Teach parent/guardian about post-operative care of pectus excavatum repair; consider medical breast band

**INTERNAL RECOMMENDATIONS**
- Fluids and electrolytes
- Pain management
- Wound care
- Avoiding straining
- Posture and activity restrictions

### Clinical Outcomes

1. **Activity**: daily living as tolerated with restrictions, encourage ambulation, ensure incentive spirometry, and review medication as per previous post-operative care.
2. **Pain management**: as per Acute Pain Services (APS) guidelines.
3. **Wound care**: monitor for signs of infection, monitor dressing changes, and ensure adequate drainage.

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### PRINTABLE VERSION

## Guideline Group and Reviewers

### Guideline Group Membership

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References


Attachments:

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