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:

<table>
<thead>
<tr>
<th>DISCHARGE</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adequate pain control</td>
<td>1. Adequate pain control</td>
</tr>
<tr>
<td>2. Ambulating</td>
<td>2. Ambulating</td>
</tr>
<tr>
<td>4. Able to tolerate diet</td>
<td>4. Able to tolerate diet</td>
</tr>
<tr>
<td>5. Incision dry &amp; intact</td>
<td>5. Incision dry &amp; intact</td>
</tr>
<tr>
<td>6. CHW care team teaching completed</td>
<td>6. CHW care team teaching completed</td>
</tr>
<tr>
<td>7. Family understands discharge teaching</td>
<td>7. Family understands discharge teaching</td>
</tr>
</tbody>
</table>

### GOALS

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Obtain accurate intake and output
- Complete wound assessment
- Complete JP drainage assessment and strip tubing every hours
- Adequate pain control
- JP drain removed if output <10 ml/day

### I. FLUIDS

- Ensure that patient is NPO
- Administer D5W0.9 NAcL with 20mEq KCL at maintenance
- Bolus as indicated
- Refer to Fluid and Electrolyte Guidelines
- Regular diet
- Provide prescription for oral narcotics
- Referred to Acetaminophen as indicated
- H2 blocker if on NSAIDs
- For NUBS procedure only, use Methocarbamol (Robaxin) to assess Acetaminophen total daily intake, not to exceed 75 mg/kg/day
- Polyethylene Glycol 3350 (PEG 3350)

### II. MIGRATION

- PICC or Thoracic Epidural as per Acute Pain Services (APS), when as tolerated
- If pain-free, administer Acetaminophen as indicated
- NSAIDs as needed to pain-free
- For NUBS procedure only; use Methocarbamol (Robaxin) to assess Acetaminophen total daily intake, not to exceed 75 mg/kg/day
- For bowel management: Polyethylene Glycol 3350 (PEG 3350)

### III. ACTIVITY & EDUCATION

- Activity as tolerated
- Consent for surgery
- Provide education re: pre-operative care for child and caregiver
- Teach parents/caregivers about post-operative care of pectus excavatum repair; consider medical alert bracelet
- Activity: activities of daily living as tolerated, encourage ambulation, use of incentive spirometer, and no contact sports for 2-4 months
- Review when to call surgeon's office: if signs of wound infection, signs of sepsis (fever and symptoms with caregiver), increasing chest pain or shortness of breath, and/or reoccurrence of pectus deformity
- Book follow-up appointment for 6-8 weeks post-op including chest x-ray for NUBS procedure, and ensure PecDex/NUBS card is provided

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**Guideline Group and Reviewers**

**Guideline Group Membership**

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

**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:

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