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**
1. Hydration maintained
2. Adequate pain control
3. Patient prepared for OR
4. Child family are advised of post-op bath. Wipes to be used upon arrival. Refer to [procedure document](#).

**RECOVERY**
1. Alleviate
2. Adequate pain control
3. Mobility as tolerated
4. Able to tolerate fluids (immediately post-op)
5. Incision intact, dry, and no drainage

**DISCHARGE**
1. Alleviate
2. Adequate pain control
3. Ambulating
4. Able to tolerate diet
5. Incision dry & intact
6. CHW care recipient teaching completed
7. Family understands discharge teaching

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

### PHYSICAL SIGN
- Complete pain assessment every 4 hours
- Ensure child has adequate pain control (refer to [Pain Management Guidelines](#))
- Monitor vital signs as per NRS
- Obtain accurate in and out
- Complete wound assessment
- Complete JP drain assessment and strip tubing every hours

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

### MEDICATION
- PCA or Thoracic Epidural as per Acute Pain Services (APS) when as tolerated
- If pain:ver: administer Acetaminophen as indicated
- NSAIDs as needed to painfree
- For NURS procedure only: use Methocelomal (Robaxin): need to assess Asepticom/total daily intake, not to exceed 75 mg/kg/day

### ACTIVITY & EDUCATION
- Activity: as tolerated
- Consent for surgery
- Provide education re: pre-operative care for child and caregiver
- Teach parent/caregiver about post-operative care of pector excavatum repair: consider medical alert bracelet

### PHYSIOTHERAPY
- Deep breathing and coughing, incentive spirometer, activity restrictions teaching, and mobility as tolerated
- Review incision care: leave suture if until fall off or remove after 10 days
- Review activity: activities of daily living as tolerated, encourage ambulation, and use of incentive spirometer, and no contact sports for 2-4 months
- Review bathing: may shower or bath 48 hours after surgery
- Review signs and symptoms of wound infection: fever, redness, drainage, and/or increasing pain around incision, and/or fluid accumulations under incision

### Activity: activities of daily living as tolerated with restrictions, encourage ambulation, ensure incentive spirometer, and review restrictions i.e. no contact sports for 2-4 months (to be assessed by surgeon during clinic appointment).

### Review when to call surgeons office for signs of wound infection, signs of sepsis (review signs and symptoms with caregiver), increasing chest pain or shortness of breath, and/or recurrence of pector deformity.

### Book follow-up appointment for 6-8 weeks post-op including chest x-ray for NURS procedure, and ensure Pectus/NURS card is provided.
References


Attachments:

pectus_final_2019.pdf