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>PRE-OPERATION</th>
<th>RECOVERY</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hydration maintained</td>
<td>1. Abdominal pain control</td>
<td>1. Abdominal pain control</td>
</tr>
<tr>
<td>3. Patient prepared for OR</td>
<td>4. Able to tolerate fluids (immediately post-op)</td>
<td>4. Able to tolerate fluids</td>
</tr>
<tr>
<td>4. Child/childcare are advised of post-op bath. Wipes to be used upon arrival. Refer to procedure document</td>
<td>5. Incision intact, dry, and no drainage</td>
<td>5. Incision dry and intact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Childcare teaching completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Family understands discharge teaching</td>
</tr>
</tbody>
</table>

#### GOALS

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment

#### PHYSICAL EXAM

- Ensure that patient is NPO
- Administer 0.9% NaCl with 20mEq KCL at maintenance
- Bolus as indicated
- Refer to Fluid and Electrolyte Guidelines

#### DIET & IV FLUIDS

- Administer D5W or D5/0.9 NaCl with 20mEq KCL at maintenance
- Bolus as indicated
- Clear fluids to diet as tolerated
- TPN once adequate oral fluid intake
- Refer to Fluid and Electrolyte Guidelines

#### MEDICATION

- PCA or Thoracic Epidural as per Acute Pain Services (APS); wean as tolerated
- If pain, administer Acetaminophen as indicated
- NSAIDs as needed for pain
- For NUS procedure only; use Methylxanthine (Ritalosumid); need to assess Acetaminophen total daily intake, not to exceed 75 mg/kg/day

#### ACTIVITY & EDUCATION

- Activity: as tolerated
- Consent for surgery
- Provide education: pre-operative care for child and caregiver
- Teach parents/caregiver about post-operative care of pectus excavatum repair; consider medical alert bracelet

#### PRINTABLE VERSION

**Guideline Group and Reviewers**

**Guideline Group Membership**

1. Monping Chiang RN (EC), MS, NP General Surgery
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**Internal Reviewers**

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2. Annie Fecteau MD Pediatric Surgeon
3. Sabrina Boodhan, Clinical Pharmacist

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References


Attachments:

pectus_final_2019.pdf