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

<table>
<thead>
<tr>
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<th>PRE-OPERATION</th>
<th>RECOVERY</th>
<th>DISCHARGE</th>
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<tbody>
<tr>
<td><strong>Diet &amp; IV Fluids</strong></td>
<td>1. Ensure that patient is NPO 2. Administer D5W 0.9% NaCl with 20mEq KCL at maintenance 3. Bolus as indicated 4. Refer to Fluid and Electrolyte Guidelines</td>
<td>1. Administer D5W/0.9% NaCl with 20mEq KCL at maintenance 2. Bolus as indicated 3. Clear fluids to diet as tolerated 4. TPN once adequate oral fluid intake 5. Refer to Fluid and Electrolyte Guidelines</td>
<td>1. Regular diet</td>
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<tr>
<td><strong>Medication</strong></td>
<td>1. PCA or Thoracic Epidural as per Acute Pain Services (APS): more as tolerated 2. If pain refuses: administration Acetaminophen as indicated 3. NSAIDs as needed for pain and fever 4. For NURS procedure only: use Methocarbamol (Robaxin®); need to assess Acetaminophen total daily intake, not to exceed 75 mg/kg/day</td>
<td>1. Provide prescription for oral narcotics 2. Acetaminophen as indicated 3. H2 Blocker if on NSAIDs 4. For NURS procedure only: use Methocarbamol (Robaxin®) as indicated 5. For bowel management: Polystyrene Glycol 3500 (PEG 3500) 6. Pre-nurse protocol Cardiac arrest 7. Pre-nurse protocol Critical care</td>
<td>1. Activity: activities of daily living as tolerated, encourage ambulation, ensure incentive spirometry, and review medications as needed. 2. Activity: activities of daily living as tolerated, encourage ambulation, ensure incentive spirometry, and review medications as needed. 3. Activity: activities of daily living as tolerated, encourage ambulation, ensure incentive spirometry, and review medications as needed. 4. Activity: activities of daily living as tolerated, encourage ambulation, ensure incentive spirometry, and review medications as needed. 5. Activity: activities of daily living as tolerated, encourage ambulation, ensure incentive spirometry, and review medications as needed.</td>
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<td><strong>Activity &amp; Education</strong></td>
<td>1. Activity as tolerated 2. Consent for surgery 3. Provide education re: pre-operative care for child and caregiver 4. Teach parents/caregiver about post-operative care of pectus excavatum repair, consider medical alert bracelet</td>
<td>1. Physical therapy: breathe deeply and coughing, incentive spirometry, activity restrictions teaching, and mobility as tolerated 2. Review incision care: leave suture strips until they fall off or remove after 10 days 3. Review activity: activities of daily living as tolerated, encourage ambulation, and use of incentive spirometry, and no contact sports for 2-6 months 4. Review bathroom: may shower or bathe 45 hours after surgery 5. Review signs and symptoms of wound infection: fever, redness, drainage, and/or increasing pain around incision, and/or fluid accumulations under incision</td>
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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

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References


Attachments:

pectus_final_2019.pdf