**Pediatric Anesthesia T & A Pathway**

Please adhere to the following guidelines whenever possible. They were developed with feedback from our division as well as our ENT colleagues.

**PREOPERATIVE**

1) Verify PICU bed if indicated

**PICU admission criteria:**
PSG sat <82%, <18 mos, AHI >40

**SSU admission criteria:**
SpO2 < 90%, < 3 years, AHI > 10

2) Place Anesthesia Preop Orders to include:
- Premedication if indicated:
  - Versed 0.5 mg/kg (max 20 mg)
- PIV Placement if indicated
- Pregnancy Test if female >= 12 yrs
- PO Tylenol

3) For PICU patients:
- RN prints ipass for anesthesia to complete
- Anesthesia completes ipass
- RN sends ipass to picu pre-induction

**INDUCTION**

1) Sevo and/or propofol

2) Dilaudid (3-5 mcg/kg initial dose)

**Secure AIRWAY**

1) Intubation with oral rae tube
2) If only adenoids: flexible LMA an option if surgeon amenable
3) Lower FiO2 to 30% as tolerated after airway secured. Discuss with surgeon if patient does not tolerate lower FiO2.
**MAINTENANCE/ADDITIONAL MEDICATIONS**

1) Sevo and/or propofol  
2) Tylenol (VERIFY NOT GIVEN IN PREOP)  
3) Decadron 0.5 mg/kg, Max 12 mg  
4) Zofran 0.1 mg/kg, Max 8 mg

**EXTUBATION**
Default to Deep Extubation

Exceptions to Deep Extubation:
- Severe OSA (AHI>10, Saturation <85%)  
- Difficult mask on induction or prolonged apnea with narcotic  
- Difficult Airway  
- Craniofacial Anomaly  
- High Aspiration Risk  
- Neuromuscular Weakness or other comorbidity affecting ventilation  
- Obesity (BMI > 95%)

**POSTOPERATIVE**

PACU  
- Include both short and long acting narcotic options  
- Minimum 30 minute observation period following last narcotic administration

PICU  
Ipass sign out with picu team

ENT C3P0 group, June 2017