

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 \geq 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

Pass sign out with picu team