



Study Toward Evidence-based Pediatric Surgery

Critical Pathway

Pre-operative

- Labs to include CBC w/ differential and platelets, electrolytes, Bun, Cr, Coag Panel, C-reactive protein (CRP), blood culture, arterial blood gas (ABG)
- consent for study / operation
- order PRBC, platelets if count <50K or surgeon preference, FFP if INR > 2.0 or surgeon pref.
- Pre-op neuro check
- 2 sites IV access in place, if possible
- arterial line, if possible
- antibiotics ampicillin, gentamicin, clindamycin or vancomycin, ceftazidime and clindamycin if nosocomial or resistant infection suspected.

Post op day 1-3

- complete surgery/ procedure section of flowsheet
- VS q15 minutes to q 1 hour as indicated
- KUB prn
- CBC, CRP, ABG, and Coag panel q day and prn
- vasopressors as clinically indicated
- volume support with 5% albumin, platelets, FFP, PRBC as clinically indicated
- platelets if <20K or bleeding, FFP if INR>2 or bleeding, PRBC if HCT < 36
- central venous access by day 3
- NPO
- total IV fluids 120 - 200 cc/kg/day as clinically indicated
- continue antibiotics, modify if culture results dictate
- Nasogastric tube to suction
- urinary catheter
- pain medication protocol
- parenteral nutrition to begin no later than day 3 (calories to begin no less than 50 kcal/ kg / day to increase as tolerated to goal of 100 kcal / kg / day
- other

Post-op day 4-7

- VS every 1-2 hours
- CBC q day, electrolytes per TPN pathway
- wean vent as tolerated
- wean pressors as tolerated
- NPO
- continue antibiotics, modify per culture
- D/C urinary cath
- wean pain meds per protocol
- isolette
- parenteral nutrition to 100kcal/kg/d
- KUB prn
- other



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Critical Pathway (cont)

Post op day 7-14

- VS q 2-3 hours
- KUB prn
- D/C pressors, as tolerated
- continue parenteral nutrition
- stop antibiotics on day 14
- wean pain meds per protocol
- other

Feeding

- feeding to begin when GI function has returned but no earlier than post-operative day #16.