Introduction

This pathway was developed by an interdisciplinary clinical group from SickKids using research knowledge, clinical experience and consensus agreement. This pathway is a general guideline and does not represent a professional care standard governing providers’ obligations to patients. Care is revised to meet individual patient needs.

Target Population

- Children aged 2-18 years old who have undergone a laparoscopic cholecystectomy by the General Surgery Team;
- Patients are to be removed from this pathway if there are significant underlying disease, significant postoperative complications (e.g. bowel obstruction or prolonged TPN) or a change in diagnosis; and
- If a patient has Sickle Cell Disease please consult hematology for guidance on fluids, oxygen, and pain management. These patients are pre-admitted the day before surgery.

Target Users

- Surgeons, residents, fellow and nurses on ward.
Laparoscopic Cholecystectomy Care Pathway

Expected Date of Discharge: within 24 hours post-op

<table>
<thead>
<tr>
<th>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST-OP DAY #5</th>
<th>DISCHARGE</th>
</tr>
</thead>
</table>
| 1. Hydration maintained  
2. Adequate pain control  
3. Patient prepared for OR  
4. Children are assessed pre-op bath. Wipes to be used upon arrival. Refer to procedure document | 1. Ambule  
2. Adequate pain control  
3. Ambulation | 1. Ambulation  
2. Adequate pain control  
3. Ambulating  
4. Able to tolerate diet  
5. Infection intact, no drainage; dry and intact | 1. Ambule  
2. Adequate pain control  
3. Ambulating  
4. Able to tolerate diet  
5. Infection dry & intact |
| **GOALS** | **SUBJECTIVE** | **OBJECTIVE** | **EXPECTED OUTCOME** |
| Obtain history  
Complete physical exam  
Assess vital signs  
Complete pain assessment (refer to Pain Management Guidelines)  
Ensure child has adequate pain control (refer to Pain Management Guidelines) | Complete pain assessment every 4 hours | Complete pain assessment every 4 hours  
Ensure child has adequate pain control (refer to Pain Management Guidelines)  
Monitor vital signs as per EBPes | Complete pain assessment every 4 hours  
Ensure child has adequate pain control (refer to Pain Management Guidelines)  
Monitor vital signs as per EBPes  
Obtain accurate in and out  
Complete wound assessment  
Complete abdominal assessment  
Assess for jaundice | Complete pain assessment every 4 hours  
Ensure child has adequate pain control (refer to Pain Management Guidelines)  
Monitor vital signs as per EBPes  
Obtain accurate in and out  
Complete wound assessment  
Complete abdominal assessment  
Assess for jaundice|
| **PHYSICAL EXAM** | **DIET & IV FLUIDS** | **LABS & INVESTIGATION** | **ACTIVITY & EDUCATION** |
| Ensure NPO | Collected fluids to diet as tolerated  
Administer D5W 0.45% NaCl with 20mEq KCl/L at maintenance  
Bolus as indicated  
Refer to Fluid and Electrolyte Guidelines | Complete CBC and differential  
Cross and type  
Labs as clinically indicated  
If paralytic, administer acetylcholinesterase as indicated  
Ketorolac/buprenorphine every 4 hours as needed for pain  
Morphone as indicated | Activity as tolerated  
Consent for surgery  
Pre-op procedures for child and caregiver | Activity: out of bed to chair and ambulating in hallway X5  
Review when diet will start  
Review need for pain management  
Review need for mobility  
Review need for parental involvement in care |

PRINTABLE VERSION

Related Documents

- Care of Patients Receiving Continuous Infusion of Opioids
- Care of Patients Receiving Patient Controlled Analgesia
- SickKids Formulary
- Fluid & Electrolyte Administration in Children

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References


Guideline Group and Reviewers

Guideline Group Membership
1. Monping Chiang RN (EC), MN, FNP, NP General Surgery
2. Fatma A. Rajwani, PT, Quality Management

Internal Reviewers
1. Jacob Langer MD Pediatric Surgeon

External Reviewer
1. Sharifa Himidan MD Pediatric Surgeon, North York General Hospital

Implementation Plan

- Education and awareness building by General Surgery Program (Surgeons, NPs, fellows, nurse educator) at: fellow orientation (once per year) nursing orientation (every 3 months), and residents orientation (every month).
- Surgeons to communicate any updates in practice to Division of General Surgery.

Evaluation Plan

- Abdominothoracic Approach order set utilization
- Length of stay (LOS)
- Correlation between LOS and order set utilization

Attachments:
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