Evidence-Based Development of Clinical Care Pathways for Pediatric Surgery Patients

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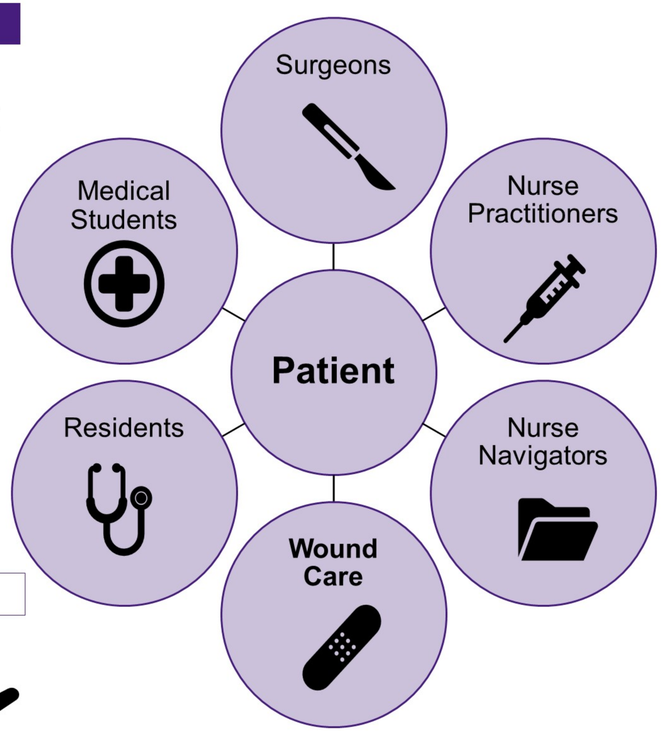
Assess Need for Change

- Pediatric surgery patients are cared for by multiple teams including surgeons, **nurses**, and other subspecialists
- There is a **lack of clarity** in management of common surgical conditions for **nurses** who strive to provide excellent patient care
- It would be useful to have **guidelines** that **streamline communication**, minimize avoidable complications, and **standardize patient care**

Benefits of clinical care pathways[2,3]

- Shorten hospital stay
- Standardize and improve patient care
- Enhance communication
- Educational resources
- Efficient use of healthcare resources



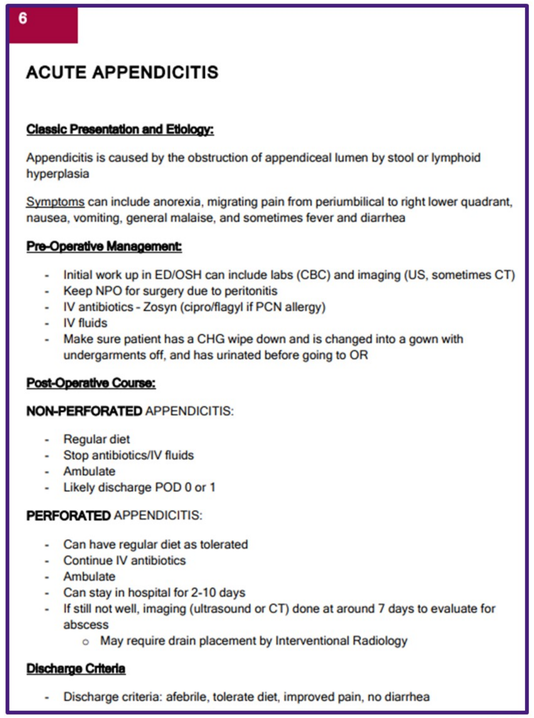
Gather Evidence

- **Discrepancies in management** lead to **suboptimal outcomes**[4,5,8]
- **Fewer evidence-based guidelines** available for pediatric conditions[1,7]
- The **American Pediatric Surgical Association** has **quicksheets** for select conditions, yet these are **not up-to-date, easily accessible**, or **visually appealing**[6]

Translate into Practice

The **Clinical Care Pathways** packet was created by the pediatric surgery team at Children's Hospital in New Orleans and distributed to nursing stations:

- Descriptions of **surgery team members**
- Pathways for the **most common pediatric surgery conditions** (9)
- **Visual aids** for common medical equipment and complex procedures



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ACUTE APPENDICITIS

Classic Presentation and Etiology:

Appendicitis is caused by the obstruction of appendiceal lumen by stool or lymphoid hyperplasia

Symptoms can include anorexia, migrating pain from periumbilical to right lower quadrant, nausea, vomiting, general malaise, and sometimes fever and diarrhea

Pre-Operative Management:

- Initial work up in ED/OSH can include labs (CBC) and imaging (US, sometimes CT)
- Keep NPO for surgery due to peritonitis
- IV antibiotics - Zosyn (cipro/flagyl if PCN allergy)
- IV fluids
- Make sure patient has a CHG wipe down and is changed into a gown with undergarments off, and has urinated before going to OR

Post-Operative Course:

NON-PERFORATED APPENDICITIS:

- Regular diet
- Stop antibiotics/IV fluids
- Ambulate
- Likely discharge POD 0 or 1

PERFORATED APPENDICITIS:

- Can have regular diet as tolerated
- Continue IV antibiotics
- Ambulate
- Can stay in hospital for 2-10 days
- If still not well, imaging (ultrasound or CT) done at around 7 days to evaluate for abscess
  - May require drain placement by Interventional Radiology

Discharge Criteria

- Discharge criteria: afebrile, tolerate diet, improved pain, no diarrhea

Evaluate and Maintain

- A **short survey** was dispersed to surgical floor nurses
- Assessed strengths, weaknesses and overall satisfaction with these guidelines

100%

of respondents (n=5) *strongly agree* these guidelines clarify post-surgical care expectations

100%

of respondents (n=5) *strongly agree* they will utilize these guidelines in future practice

Future work

- Continue collecting survey data
- Expand pathways to multidisciplinary teams
- Evaluate associations with patient outcomes

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