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



Enhance communication



Standardize

and improve

patient care

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 appealing⁶

Educational resources

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

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

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Children's Hospital New Orleans

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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