Pathway for Pectus Excavatum Repair (see pectus excavatum orderset)

Pre-Operatively

- SCDs
- Type and Screen
- Ancef or Vanc (*+ORSA*) prior to incision
- Pre-op wash (Dynahex of HIbiclens) in SDS

POD 0

- Continuous pulse oximetry
- Clears, advance as tolerated
- OOB to chair and then ambulate (if first case of the day)
- Incentive spirometry 10x/hour
- mIVF D5 ½ NS + 20 meq KCL @ maintenance
- SCDs
- Ancef x 3 doses (Clinda if *+ORSA*)
- *Pain management per pain team*: Epidural, valium, robaxin, toradol, IV Tylenol, methadone x1, scheduled Zofran
- Chewing gum 5 separate times for 20 min (if fully awake post-op)
- Senna/miralax BID and Movantik
- Foley catheter

POD 1

Initiate POD1

- OOB (up to chair and ambulate) TID
- Remove foley catheter
- *Pain management per pain team*: Continue Epidural, valium, robaxin, toradol, IV Tylenol, start oxycodone

Continue from POD0

- Regular diet
- Incentive spirometry 10x/hour
- mIVF until drinking well and urinates after foley removal
- SCDs
- Chewing gum 5 separate times for 20 min
- Zofran Q8H (changes to prn)
- Senna/miralax BID and Movantik

POD 2

Initiate POD2

- Stop IVF (if still running)
- Stop epidural at 0600
- Epidural removed when pain team rounds
- Transition to all PO pain medication: oxycodone, valium, robaxin, motrin, Tylenol
- 2V CXR to evaluate bar location(s) and for pleural effusion/pneumothorax
- Remove dressings and wash chest daily

Continue from POD0/1

- Regular diet
- Ambulate TID
- Incentive spirometry 10x/hour
- SCDs
- Chewing gum 5 separate times for 20 min
- Zofran Q8H prn
- Senna/miralax BID and Movantik

POD 3

Initiate POD3

- PT/OT will sign off on walking stairs
- Prescriptions filled and medication schedule given

Continue from POD0/1/2

- Regular diet
- Ambulate TID
- Incentive spirometry 10x/hour
- SCDs
- Chewing gum 5 separate times for 20 min
- Wash chest daily
- PO pain medication
- Senna/miralax BID

Discharge home if pain well controlled, tolerating PO intake

v2 Updated 11/2019