

PICU

Key ERAS Principles:

- Keep patient/family/team focused on early discharge
- Advance diet, minimize IV fluids
- Multimodal analgesia: minimize opioids, transition to orals quickly
- Encourage time out of bed
- Remove invasive lines (E.g., Foley)

Inclusion Criteria:

- Neuromuscular scoliosis patients undergoing posterior spinal fusion

Exclusion Criteria:

- Previous index surgery
- Pre-existing spinal or hardware infection
- Trauma/tumor/spondylolisthesis without risk factors

Upon Arrival

- **Extubate** - when appropriate
- Considerations (defer to primary care team):
 - Extubate to BPAP if patient was on PAP therapy pre-surgery
 - Extubate to BPAP if complications in surgery or severe weakness
- **Obtain labs and vitals** - ABG, iCal, Lactic acid, CBC, BMP, PT/INR, PTT, Fibrinogen
- Ortho APP to perform med reconciliation

PCA Orders & Consider APS Consult

- **Hydromorphone PCA** (provide demand only if patient received methadone or IT morphine)
 - Start in PACU & to be discontinued on POD 1
- **Ketorolac IV** 0.5 mg/kg (Max 15 mg) q6 hrs scheduled
 - Alternate with acetaminophen q3 hrs
 - Transition to PO ibuprofen 10 mg/kg (Max 800 mg) q6 hrs on POD 1
- **Acetaminophen IV** 12.5 mg/kg (Max 750 mg) q6 hrs
 - Transition to PO acetaminophen 12.5 mg/kg (Max 750 mg) q6 hrs on POD 1
- **Diazepam IV or PO** 0.05 - 0.1 mg/kg (Max 5 mg) q 4 - 6 hrs PRN or scheduled
- If poor pain trajectory anticipated or if pain escalation is required, may consider addition of the following:
 - Low dose ketamine infusion
 - Dexmedetomidine infusion or clonidine IV dosing followed by patch placement
 - Other pain adjuncts as needed
- Surgery to order **Dexamethasone IV** 0.1 mg/kg (Max 8 mg) q8 hrs x 3 doses

Accelerated Pain Pathway

Goal to transition to PO Pain Meds on POD 0

- **No PCA**
- **Ketorolac IV** 0.5 mg/kg (Max 15 mg) q6 hrs scheduled for 3 doses
 - Alternate with acetaminophen q3 hrs
 - Transition to PO ibuprofen 10 mg/kg (Max 800 mg) q6 hrs on POD 1
- **Acetaminophen IV** 12.5 mg/kg (Max 750 mg) q6 hrs
 - Transition to PO acetaminophen 12.5 mg/kg (Max 750 mg) q6 hrs on POD 1
- **Oxycodone PO** 0.1 mg/kg (Max 7.5 mg) q4 hrs prn
- **Hydromorphone IV** 5 mcg/kg (Max 500 mcg) q3 hrs for breakthrough pain or not tolerating PO

OR

- **Morphine IV** 0.05 mg/kg (Max 4 mg) q 2 hrs prn for breakthrough pain or not tolerating PO
- **Diazepam IV or PO** 0.05 - 0.1 mg/kg (Max 5 mg) q 4-6 hrs prn
- **Dexamethasone IV** 0.1 mg/kg (Max 8 mg) q8 hrs x 3 doses

Exparel injected during surgery?

No → [PCA Orders & Consider APS Consult]

Yes → [Accelerated Pain Pathway]

Patients on ketogenic diet:
 Avoid IV acetaminophen and IV dexamethasone.

Patients with known hypertension or Addison's disease:
 Avoid IV dexamethasone

Perioperative Antibiotics

No hx of MRSA

- Cefepime 50 mg/kg IV (Max 2 G) q8 hrs x 3 doses

MRSA (active or hx of)

- Clindamycin 10 mg/kg IV q6 hrs x 3 doses (Max 600 mg) **PLUS** cefepime 50 mg/kg (Max 2 G) x 3 doses

OR

- Vancomycin 15 mg/kg IV q12 hrs **PLUS** cefepime 50 mg/kg IV (Max 2 G) x 3 doses

Physical Activity

Activity

- Once airway and pulmonary status are stabilized, encourage up to the wheelchair TID

Physical Therapy

- Consult once pt is stabilized

Pulmonary Care

- **Review** preoperative complex ortho plan
- **Follow** pulmonary sick plan:
 - Pulmonary airway clearance q4 hrs (if no pulmonary airway clearance plan/sick plan in chart, use incentive spirometry or intrapulmonary percussive therapy q4 hrs
 - Resume VEST when appropriate
- **Consult** pulmonary if problems weaning respiratory support

Diet

- **Advance feeds as tolerated**
- **Initiate bowel regimen**
 - Docusate/Senna QHS on POD 0
 - Miralax BID on morning of POD1
 - Famotidine BID unless on home GI prophylaxis
- **Ondansetron prn for nausea/vomiting**
 - 0.1 mg/kg/dose (Max 4 mg)

Lines, Labs, & Vitals

- **Foley Catheter**
 - Consider removing on POD1
- **Vital Signs**
 - Vitals: q2 hrs for 24 hrs
 - Motor: q1 hrs X 4, q2 hrs X 4 hrs (x4), q8 hrs after
 - Neurovascular: q2 hrs X 4, q4 hrs after
- **Labs**
 - POD1 am - CBC, BMP, coags
- **Prevena** (negative pressure wound therapy) incisional vac with bulb drain
 - POD 2 - drain to be removed by Ortho

Transfer Considerations to Inpatient Team

- Stable respiratory support (nasal cannula and weaning and/or home NIV), q4 hrs treatments or less frequent
- Pain tolerated on current regimen
- Hemodynamic stability: 6 hours off vasoactive infusions

• **Assessment - Referral**
 • **Intraoperative**

• **Inpatient Floor - Discharge**



QR code for mobile view