

Clinical Practice Guideline: Cleft Palate Repair

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Page 1 of 3



Inclusion and Exclusion Criteria

Inclusion

- Patients 1 month- 21 years old undergoing cleft palate repair
- Repeat palatal surgeries

Exclusion

- Patients under the care of pain management (on outpatient basis and/or pain management consulted while inpatient)
- Patients remaining intubated postoperatively

***See medication table on pages 2 & 3 for all administration recommendations during intraoperative and postoperative**

	Surgery	Anesthesia	Nursing
Preadmission (Clinic Visit-if applicable)	<ul style="list-style-type: none"> •Education about procedure and hospitalization, and post- op pain management by Plastic Surgery PA or NP •Education packet provided to caregiver/patient 	N/A	N/A
Day of Operation (Preoperative Holding Area)	<ul style="list-style-type: none"> •Patient may not have any solid food after midnight •Patient can have clear fluids up until 2 hours prior to surgery such as water, pedialyte, ensure clear, or apple juice •Optimal to administer Gabapentin PO elixir as close to 2-3 prior to surgery as possible 	Pre-Op Medications: <ul style="list-style-type: none"> •Midazolam administered if the preoperative anesthesiologist assesses the patient to have anxiety 	A baseline blood pressure, heart rate, and weight will be obtained in the preoperative area
Intraoperative	<ul style="list-style-type: none"> • Local anesthetic (0.25% marcaine with epinephrine, 1:200,000) •Or if supra-zygomatic block given, plain epinephrine AND 1-2cc 0.25% marcaine with epinephrine is used 	Airway: <ul style="list-style-type: none"> •Plan to extubate patient awake, avoid nasal or oral airway devices Medications to reduce post-op nausea and vomiting: <ul style="list-style-type: none"> •Dexamethasone IV (x1) •Ondansetron IV (x1) Pain medications: <ul style="list-style-type: none"> •Try to avoid intra-op opioids •Supra-zygomatic block •Acetaminophen IV (x1) •Dexmedetomidine IV (x1) •At end of procedure - Ketorolac IV (x1) Antibiotic: <ul style="list-style-type: none"> •Cefazolin (if no allergy) •If allergy to Cefazolin, then Clindamycin <i>*please see page 2 for dosages</i>	N/A
Postoperative (PACU)	N/A	Stabilize Airway Perceived Agitation/Pain to be evaluated by Anesthesiologist: <ul style="list-style-type: none"> •Dexmedetomidine IV: anesthesiologist to titrate at the bedside every 15 minutes with a maximum of 4 doses •If post-surgical pain/spasms/agitation persists, administer Diazepam IV for 2 doses <i>*please see page 3 for dosages</i>	<ul style="list-style-type: none"> •Continue to stabilize airway •Discontinue tongue stitch when stable •Agitation/Pain control per anesthesiologist: <ul style="list-style-type: none"> •Dexmedetomidine IV as ordered •Lorazepam IV as ordered •Call anesthesia for further instructions for agitation, pain, or airway issues •Attempt PO if warranted <i>*please see page 3 for dosages</i>



	Surgery	Anesthesia	Nursing
Postoperative (on floor)	<p>Hydration:</p> <ul style="list-style-type: none"> •D5 1/2NS + 20KCl, decrease as PO increases <p>Scheduled pain management:</p> <ul style="list-style-type: none"> • Ketorolac 0.5mg/kg IV q6 hours -OR- • ibuprofen 10mg/kg PO q6 hours • Acetaminophen 15mg/kg PO or PR q6 hours <p>PRN pain management:</p> <ul style="list-style-type: none"> • Hydrocodone/acetaminophen PRN (severe pain only, call if needed) <p>Other Post-op/Discharge Meds:</p> <ul style="list-style-type: none"> •Dexamethasone IV x2 doses •Gabapentin TID •Mycostatin = nystatin PO daily •Mometasone furoate or Fluticasone nasal spray daily <p>* please see page 3 for dosages</p>	N/A	<ul style="list-style-type: none"> •35% cool mist tent/mask PRN •Suction at bedside •Aid patient/caregiver in feeding methods: • Syringes • Short/soft spout sippy cup • Breast feeding • Dr Brown's bottle/nipples • Stage 1-2 baby food allowed •Age appropriate ambulation •VS per flood routine •Strich I&Os •NO pacifiers •Attempt oral feeds if possible once patient is awake •Record ALL feeds with time and amount in EPIC •Utilitize welcome sleeves (non violent restraint)

Discharge Criteria

- Patient is tolerating approximately 50% normal intake amount
- Age appropriate ambulation
- Afebrile Temp <38°

- Patient should be taking **all** oral medications (or via feeding tube, when applicable)
- Discharge Medications and instructions: (*see medication chart on page 3*)
- Schedule follow-up appointment with Plastic Surgery 3-4 weeks

- Pain controlled with non-opioid pain meds with suggested home regimen: gabapentin will be prescribed for 2 days at home (6 doses total)
- Breakfast, Lunch, Dinner:**
Acetaminophen + Ibuprofen + Gabapentin
- Bedtime:**
Acetaminophen + Ibuprofen

Medication Table: Preoperative and Intraoperative for Cleft Palate Repair

FOR SPECIFIC SIDE EFFECTS OF ALL MEDICATIONS SEE LEXI COMP

	Indication	Drug	Dose and Frequency	Max Dose and Considerations	
Preoperative Day of Surgery	Pain	Gabapentin	15mg/kg PO elixir as close to 2-3 hours before surgery a possible	600mg	
	Anxiety	Midazolam	0.5mg/kg PO elixir	15mg	
Intraoperative	Reduce post-op N/V	Dexamethasone	0.5mg/kg IV x1 dose	10mg	
		Ondansetron	0.15mg/kg IV x1 dose	4mg	
	Pain	Acetaminophen	15mg/kg IV x1 dose	1000mg	
		Dexmedetomidine	0.5-1mcg/kg IV x1 dose	100mcg	
		Ketorolac	0.5mg/kg IV x1 dose	30mg	
	Antibiotic	Ropivacaine with Precedex Block	0.2% or 0.25% Ropivacaine at a volume of 0.15ml/kg with Precedex 5mcg/side or 0.5mcg/kg/side		
		Cefazolin (if no allergy)	25mg/kg/dose in NS IVPB Q3 hours	3000mg	
	Clindamycin (if allergy to Cefazolin)	10mg/kg/dose NS IVPB Q6 hours	900mg		



Medication Table: Postoperative (PACU); Postoperative (on floor); & Discharge for Cleft Palate Repair

FOR SPECIFIC SIDE EFFECTS OF ALL
MEDICATIONS SEE LEXI COMP

	Drug	Dose and Frequency	Max Dose and Considerations
Postoperative (PACU)	Dexmedetomidine	0.5-2mcg/kg IV Q15 minutes PRN, titrate to effect	Maximum 4 doses Max dose 100mcg If pain/agitation continues, then consider diazepam
	Diazepam	0.04-0.2mg/kg/dose x2 PRN for agitation	10mg
Postoperative (on floor) & Discharge	Ketorolac (Do not combine use with ibuprofen) (alternate with Acetaminophen/give one or the other q3hrs)	Scheduled while NPO: 0.5mg/kg IV Q6 hours	30mg (max 5 days)
	Acetaminophen (alternate with Ibuprofen/give one or the other q3hrs)	Scheduled: 15mg/kg PO/PR Q6 hours	Do not exceed 75mg/kg/day or 3250mg
	Ibuprofen (Only if not using ketorolac) (alternate with Acetaminophen/give one or the other q3hrs)	Scheduled once taking PO (Ketorolac discontinued): 10mg/kg PO Q6 hours	40mg/kg/day or 2400mg/day, whichever is less
	Hydrocodone/ Acetaminophen (Hycet)	PO PRN	Call if needed
	Mycostatin	200,000 units (2mL) PO Q6 hours	Apply 1mL in each cheek
	Mometasone furoate or Fluticasone	1 spray daily in each nostril	Send home with patient upon discharge
	Dexamethasone	0.3mg/kg IV Q12 hours x 2 doses	10 mg
	Gabapentin	10mg/kg/dose PO 3 times/day	Max dose 300mg Approximately 3 days post-op