



### Inclusion and Exclusion Criteria

**Inclusion:** Patients with IBD receiving ileocecectomy, colectomy, proctectomy, J pouch reconstruction, or stoma closure by a general pediatric surgeon

**Exclusion:**

- Patients with motility disorders from the Colorectal clinic (may use protocol but will need modifications for motility issues)
- Newborns and patients < 1 year old (for now).
- Cardiac and Neonatal ICU patients
- Cerebral Palsy patients
- Thoracotomies for non-neonatal conditions (sarcoma met resections)
- Acute Care Surgery patients (appendectomies, gallstone pancreatitis, bowel perforations from trauma, etc.)
- Patients deemed to need more customized care by the surgeon
- Anorectal malformations (ARM) with significant motility issues

#### Preadmission

- Detailed counseling by APP (Including preset discharge criteria)
- Surgeon and APP to follow-up with phone instructions: Encourage parents to watch ERAS Lego video and provide PPT/printed materials
- Consults: Child Life, Pain, Psych, WOC

#### Preoperative

- Encourage clears up until 2 hours before operation
- Preoperative carbohydrate loading: 20 oz Gatorade or apple juice completed 2 hours before operation
- Place (SCDs) for patients age 12 or greater
- Ensure patients and their parents have done the following: Taken pre-op medications, watched ERAS Lego video, and consumed clear liquids

#### Preoperative Medications

Medication	Dosage	Max Dose	Comments
Metronidazole	15 mg/kg PO TID	500 mg	Bowel Preparation - Given on pre op day
Neomycin	15 mg/kg PO TID	1000 mg	Bowel Preparation - Given on pre op day
Gabapentin	10 mg/kg PO x1	600 mg	Pre op - Give 2 hours before surgery with clear liquids
Acetaminophen	10 mg/kg PO x1	650 mg	Pre op - Give 2 hours before surgery with clear liquids
Decadron	0.15 mg/kg IV x1	5 mg	Intra op
Cefazolin	30 mg/kg IV x1	<120 kg: 2 g >120 kg: 3 g	Prophylactic Antibiotic - Intra op
Metronidazole	15 mg/kg IV x1	500 mg	Prophylactic Antibiotic - Intra op
Ciprofloxacin	15 mg/kg IV x1	400 mg	Use if Penicillin allergy instead of Cefazolin

#### Intraoperative

- Antibiotic prophylaxis: <1 hour prior to incision
- Laparoscopic technique (or minimize trauma)
- Avoidance of nasogastric tubes and perianastomotic drains
- Regional anesthesia: placement of TAP block or mid-thoracic epidural by anesthesia
- Minimization of opioids
- Maintenance of normothermia
- Maintenance of near zero fluid balance: limit fluids to 3-4 mL/kg/hr



	Surgery Day	POD 1	POD 2	POD 3	POD 4
<b>Activity</b>	Early Ambulation: OOB x1	Ambulation: OOB x4	<ul style="list-style-type: none"> <li>Ambulation: OOB x4</li> <li>Encourage patient to ambulate, shower, and dress independently</li> </ul>	<ul style="list-style-type: none"> <li>Ambulation: OOB x4</li> <li>Encourage patient to ambulate, shower, and dress independently</li> </ul>	<ul style="list-style-type: none"> <li>Ambulation: OOB x4</li> <li>Encourage patient to ambulate, shower, and dress independently</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>Early oral intake starting with juice in PACU, then advance diet as tolerated</li> <li>Encourage chewing gum and gummies</li> </ul>	<ul style="list-style-type: none"> <li>Normal diet according to tolerance</li> <li>Encourage chewing gum and gummies</li> </ul>	<ul style="list-style-type: none"> <li>Normal diet according to tolerance</li> <li>Encourage chewing gum and gummies</li> </ul>	<ul style="list-style-type: none"> <li>Normal diet according to tolerance</li> <li>Encourage chewing gum and gummies</li> </ul>	<ul style="list-style-type: none"> <li>Normal diet according to tolerance</li> <li>Encourage chewing gum and gummies</li> </ul>
<b>Fluids/Drains</b>	<ul style="list-style-type: none"> <li>Maintenance of near zero fluid balance: limit unnecessary boluses</li> <li>May saline lock PIV when patient tolerating PO</li> </ul>	<ul style="list-style-type: none"> <li>Remove Foley Catheter (If epidural in place, do not remove until capped)</li> <li>May saline lock PIV when patient tolerating PO</li> <li>Encourage PO fluid intake</li> </ul>	<ul style="list-style-type: none"> <li>Encourage aggressive oral intake</li> <li>Monitor PO fluid intake and output from stoma and urine to create positive oral fluid balance</li> </ul>	Monitor PO fluid intake and output from stoma and urine to create positive oral fluid balance	Monitor PO fluid intake and output from stoma and urine to create positive oral fluid balance
<b>Respiratory</b>	Aggressive pulmonary toilet: start incentive spirometry	Incentive spirometry	Incentive spirometry	Incentive spirometry	Incentive spirometry
<b>Consults</b>	Care collaboration with Pain, Psych, WOC, Child Life as needed	Care collaboration with Pain, Psych, WOC, Child Life as needed	Care collaboration with Pain, Psych, WOC, Child Life as needed	Care collaboration with Pain, Psych, WOC, Child Life as needed	Care collaboration with Pain, Psych, WOC, Child Life as needed
<b>Stoma Care</b>	Nurse to perform stoma care	WOC Nurse to involve patient in stoma care	Nurse to involve patient in stoma care	Nurse to involve patient in stoma care	Patient demonstrated competent changing of ostomy device
<b>Pain</b>	Minimize narcotic use if possible	<ul style="list-style-type: none"> <li>Consider transition to oral medications. If so, assess if pain is being controlled with oral medications</li> <li>If epidural in place, MD to consider removal</li> </ul>	<ul style="list-style-type: none"> <li>If epidural in place, MD to consider removal</li> <li>Consider transition to oral medications. If so, assess if pain is being controlled with oral medications</li> </ul>	Assess if pain is being controlled with oral medications	Assess if pain is being controlled with oral medications

### Postoperative Medications

Medication	Dosage	Max Dose	Comments
Ketorolac	0.5 mg/kg IV q6h x 72 hrs	30 mg	
Gabapentin	10 mg/kg PO q8h	600 mg	
Acetaminophen	10 mg/kg PO q4h	650 mg	Give scheduled doses while awake - Max 5 doses/day
Morphine	0.1 mg/kg IV q3h PRN	4 mg	Breakthrough >6 pain only
Ondansetron	0.1 mg/kg IV PRN	4 mg	Nausea and vomiting

### Discharge Criteria

- Ambulated successfully
- Able to dress and shower independently at home (or as before surgery) or has assistance
- Demonstrated competent changing of ostomy device
- Positive fluid balance (intake > output of urine and stoma by 500 cc)
- Tolerating diet
- Pain is well controlled by oral meds
- No fevers

### Discharge Planning

- APP to schedule clinic follow-up appointment
- Provide patient with all prescriptions including pain medications
- If stoma present, ensure patient has all the necessary supplies and is comfortable caring for the stoma at home
- Provide wound care education and ensure dressing is dry
- Answer all questions and provide all paperwork and handouts