

PROTOCOL FOR: Tonsillectomy: Postoperative Care of Patients Undergoing

- POLICY: 1. Post-tonsillectomy patients will be kept in the PACU for a minimum of 2 hours to observe for adequate postoperative hemostasis and oxygenation, and to manage pain effectively.
2. An oral airway will be left in place until the swallowing reflex has returned and the patient can handle secretions.
- DESIRED PATIENT OUTCOME: 1. Post-tonsillectomy patients will suffer no hemorrhage or airway compromise due to undetected postoperative swelling or bleeding from the operative site.
2. Post-tonsillectomy patients will have their pain actively managed to minimize discomfort.
3. Post-tonsillectomy patients will have their nausea / vomiting actively managed to minimize discomfort.
- CLINICAL ASSESSMENT AND CARE: 1. Elevate HOB as tolerated, progressing to full upright position prior to discharge.
2. Maintain full view of patient's airway and chest expansion to ensure maximum respiratory integrity at all times.
3. To minimize nausea and vomiting, coach patient to spit out secretions as much as possible.
4. Apply cool, humidified air per order, to minimize swelling, promote comfort, and maintain oxygenation status.
5. Offer oral hygiene and apply petrolatum ointment to lips to promote comfort, as needed; administer medications per order.
6. Apply ice collar prn to control pain and postoperative bleeding.
7. Vital signs q 15 mins. throughout PACU stay; more frequently if patient experiences unexpected bleeding.
8. Once patient is conscious and reflexes have returned, offer ice chips or lukewarm fluids. Do not offer straw, as this may precipitate bleeding.
9. Suspect possible bleeding if patient frequently swallows or clears throat, or vomits dark blood. Check back of throat with a flashlight for trickling blood.
10. Report any unexpected bleeding to surgical and anesthesiology staff immediately, including cardinal symptoms of:
- decreased blood pressure
 - tachycardia
 - pallor
 - restlessness

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11. Observe for patent airway and possible laryngospasm due to swelling of uvula, palate, nasopharynx, retropharyngeal space, tongue, and/or nose. Report any airway obstruction or laryngospasm to anesthesiology immediately; have oxygen and ambu bag immediately available.
12. Assess patient for effective swallowing. Collaborate with surgery and anesthesiology staff regarding need for administration of steroids to control swelling of uvula, as needed.
13. Collaborate with OR staff to obtain instrumentation, equipment and supplies needed to control unexpected postoperative bleeding, per surgeon order.

- PATIENT TEACHING:
1. Educate patient to spit out secretions as much as possible and not to cough, clear the throat, blow the nose, or talk excessively.
 2. Direct patient not to use a straw when taking fluid.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/03, 2/08, 12/08