

# Clinical Practice Guideline: Cleft Palate Repair



## Inclusion and Exclusion Criteria

### Inclusion

- Patients 1 month- 21 years old undergoing primary cleft palate repair

### Exclusion

- Patients under the care of pain management (on outpatient basis and/or pain management consulted while inpatient)
- Patients remaining intubated postoperatively
- Patients who develop a postoperative palatal fistula
- Repeat palatal surgeries

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

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



	Surgery	Anesthesia	Nursing
<b>Postoperative (on floor)</b>	<p><b>Hydration:</b></p> <ul style="list-style-type: none"> <li>•D5 1/2NS + 20KCl, decrease as PO increases</li> </ul> <p><b>Moderate-Severe Pain:</b></p> <ul style="list-style-type: none"> <li>•Ketorolac IV: max 3 doses</li> </ul> <p><b>Fever, Mild Pain, HA, and/or irritability:</b></p> <p><i>*Change to PO pain medication when appropriate</i></p> <ul style="list-style-type: none"> <li>•Acetaminophen PO</li> <li>•Ibuprofen PO</li> <li>•Hydrocodone/Acetaminophen PO</li> </ul> <p><b>Other Post-op/Discharge Meds:</b></p> <ul style="list-style-type: none"> <li>•Dexamethasone IV x2 doses</li> <li>•Metoclopramide IV PRN</li> <li>•Gabapentin PO TID 2 days post-op</li> <li>•Mycostatin PO daily</li> <li>•Mometasone furoate or Fluticasone daily</li> </ul>	N/A	<ul style="list-style-type: none"> <li>•35% cool mist tent/mask PRN</li> <li>•Suction at bedside</li> <li>•Aid patient/caregiver in feeding methods</li> <li>•Age appropriate ambulation</li> <li>•VS per floor routine</li> <li>•Strict I&amp;Os</li> <li>•Mechanical soft diet-NO bottles, sippy cups, or pacifiers unless cleared by surgeon</li> <li>•Attempt at oral feeds if possible once patient is awake</li> <li>•Record <b>ALL</b> feeds with time and amount in EPIC</li> </ul>

### Discharge Criteria

- Patient is tolerating approximately 50% normal intake amount
- Formula via syringes only; no bottles, sippy cups, pacifiers
- 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
<b>Preoperative</b> Day of Surgery	Pain	Gabapentin	15mg/kg PO elixir as close to 2-3 hours before surgery as possible	600mg
	Anxiety	Midazolam	0.5mg/kg PO elixir	15mg
<b>Intraoperative</b>	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	1mcg/kg IV x1 dose	100mcg
		Ketorolac	0.5mg/kg IV x1 dose	30mg
	Antibiotic	Cefazolin <i>(if no allergy)</i>	30mg/kg x1 dose NS IVPB	3000mg
Clindamycin <i>(if allergy to Cefazolin)</i>		10mg/kg x1 dose NS IVPB	900mg	

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

FOR SPECIFIC SIDE EFFECTS OF ALL  
MEDICATIONS SEE LEXI COMP

	Indication	Drug	Dose and Frequency	Max Dose and Considerations
Postoperative (PACU)	Agitation/Pain Control (to be administered by anesthesia)	Dexmedetomidine	0.5-2mcg/kg IV Q15 minutes PRN, titrate to effect	Maximum 4 doses Max dose 100mcg If pain/agitation continues, then administer lorazepam
		Lorazepam	0.02-0.05mg/kg IV Q30 minutes PRN	Maximum 2 doses <20kg, max dose 1mg >20kg, max dose 2mg
Postoperative (on floor) & Discharge	Moderate Pain, Severe Pain	Ketorolac (Do not combine use with ibuprofen)	0.5mg/kg IV Q6 hours PRN	30mg Maximum 3 doses
	Fever, Mild Pain, Headache, and/or Irritability	Acetaminophen	10-15mg/kg PO/PR Q4 hours PRN	Do not exceed 75mg/kg/day or 3250mg
		Ibuprofen (Only if not using ketorolac)	4-10mg/kg PO Q6 hours PRN	40mg/kg/day or 2400mg/day, whichever is less
		Hydrocodone/ Acetaminophen (Hycet)	PO PRN	Call if needed
	Other	Mycostatin	200,000 units (2mL)PO Q6 hours	Apply 1mL in each cheek
		Mometasone furoate or Fluticasone	1 spray daily in each nostril	
		Dexamethasone	0.3mg/kg IV Q12 hours x2 doses	10mg
		Metoclopramide	0.1mg/kg IV Q8 hours PRN for nausea/vomiting	10mg
	Gabapentin	10mg/kg/dose PO TID	Max dose 300mg Approximately for 2 days post-op	