Appendectomy For Simple Appendicitis (1): Post Operative Management Clinical Practice Guideline

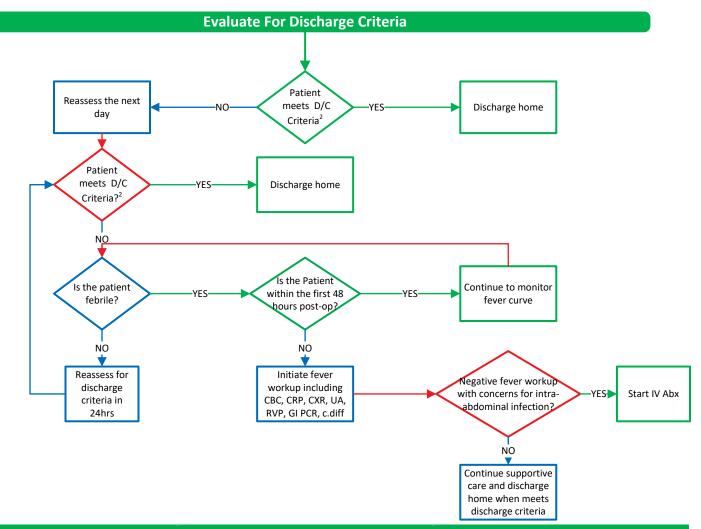
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1: Acute appendicitis, localized peritonitis, w/o gangrene, w/o perforation, w/o abscess

Initial Post-Operative Management		
Nutrition/GI	Pain Control*	Activity/Consults
Clears and advance as tolerated When tolerating regular diet and if no stool for 24 hours, consider starting Miralax (max 17gm PO) (see dosing below) Advance to oral pain medications* once tolerating regular diet	Acetaminophen: 10mg/kg/dose PO q4hr (max 500mg) for pain Toradol: 0.5mg/kg/dose IV q6hrs (max 30 mg/dose) Max 20 doses Morphine: 0.1mg/kg/dose IV q3hr PRN pain if acetaminophen or toradol is not effective (max 5mg/dose) Gabapentin: 10mg/kg/dose PO TID (max 300mg)	(Routine Labs NOT Recommended) OOB on day of surgery Consult Child Life as needed



*Advancing Oral Pain Regimen	Miralax Dosing	² Discharge Criteria
Once pain controlled and tolerating PO, change these medications from IV to PO: Toradol to Ibuprofen 10mg/kg/dose PO q6hr PRN (max 400mg/dose) Morphine to: Hydrocodone with Acetaminophen 325 mg Hydrocodone 0.2mg/kg/dose PO q6hr PRN pain (max 5mg Hydrocodone per dose) If discharged on opioids also order Miralax qd X 5 days Consider Gabapentin as a discharge medication	When tolerating regular diet and if no stool for 24 hours, consider starting Miralax (max 17gm PO) AND If discharged on opioids also order Miralax qd X 5 days: • Age 1-5 years 4.25 grams (1/4 capful) • Age 6-11 years 8.5 grams (1/2 capful)□ • Age 12 and up 17 grams (1 whole capful)	Afebrile Tolerating regular diet Adequate pain control with oral medications Pain score is 3 or less within 1 hr. after oral medication administered Benign Abdominal Exam by attending surgeon/designee Ambulation without assistance (250 feet)