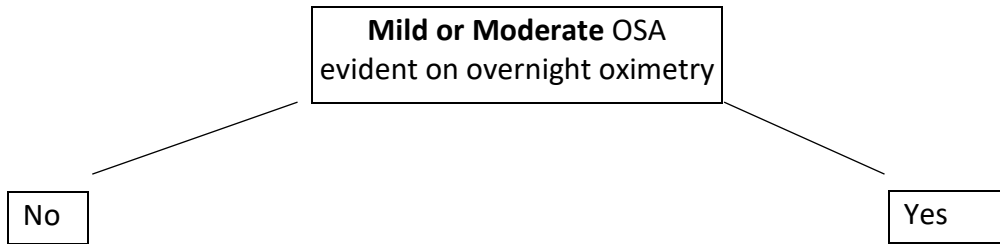


Day case Tonsillectomy Criteria



Theatre before 14:00	Yes / No
Weighs at least 13Kg and aged >3	Yes / No
Access to transport	Yes / No
Access to telephone	Yes / No
Lives within 30 minutes' drive to the nearest A&E department	Yes / No
Responsible adult to be with child at all time	Yes / No
No significant co-morbidities	Yes / No

Theatre before 12:00	Yes / No
Weighs at least 15Kg and Aged >4	Yes / No
Access to transport	Yes / No
Access to telephone	Yes / No
Lives within 30 minutes' drive to the nearest A&E department	Yes / No
Responsible adult to be with child at all time	Yes / No
No significant co-morbidities	Yes / No

*some conditions such as well controlled asthma, diabetes or epilepsy may be suitable. Please discuss with the anaesthetist.

Adenoidectomy and Tonsillectomy Discharge Criteria

At least SIX hours post-operative observations	Yes / No
All observations satisfactory (PAWS 0)	Yes / No
Pain and nausea controlled	Yes / No
Oral fluids and diet tolerated	Yes / No
Discharge summary completed	Yes / No
Sufficient analgesia available at home/prescribed	Yes / No
Patient given post adenoid & tonsillectomy advice leaflet	Yes / No
Patient and/or carers understand what to do if bleeding occurs	Yes / No

If satisfactory progress has not been met by 18:00 then the patient may require overnight admission

Please contact bed manager and patient progress should be reported to on call ENT SHO on #007

Notes:

Guidelines for the Management of Children Undergoing Adenotonsillectomy with Mild or Moderate OSA at BRI

Background

Obstructive sleep apnoea (OSA) has historically been associated with increased risk of respiratory complications after Adenotonsillectomy in children. Recent American and French guidelines, as well as local audit in Bradford, have clarified the need for overnight admission in these children.

Not all children require overnight admission, and same-day surgery is appropriate for some patients.

Grading of Overnight Oximetry

All children should have overnight oximetry. Although we accept that this is a limited test, it is useful screening tool and can identify those with severe OSA who will need to be managed in a tertiary paediatric setting.

The degree of sleep-disordered breathing is typically graded as follows:

Guidance for Interpreting Oximetry studies (Nixon et al 2004)

	Baseline	No. of drops <90%	No. of drops <85%	No. of drops < 80%	Other
Normal /inconclusive for OSA oximetry	Normal with mean saturation >92%	<3	0	0	< 3 clusters of desaturations and sats >95%
Mild OSA	Clusters of desaturations (≥ 3) with increase in heart rate	≥ 3	≤ 3	0	3 or more clusters of desaturation events
Moderate OSA	Clusters of desaturations (≥ 3) with increase in heart rate	≥ 3	>3	≤ 3	3 or more clusters of desaturation events
Severe OSA	Clusters of desaturations (≥ 3) with increase in heart rate	≥ 3	>3	>3	3 or more clusters of desaturation events

From this data, the following recommendations are usually made

- Mild - No specific additional recommendations

- Moderate - Early on list (am list only), longer recovery stay, opiates with caution, managed by an experienced anaesthetist
- Severe - Referral to a tertiary paediatric unit with HDU

Day-case surgery criteria

The following patients would be suitable for same day discharge following adenotonsillectomy for OSA:

- Mild/moderate OSA on sleep study
- Aged 4 years or older
- Completely fit and well apart from OSA
- Weight >15 kg
- Fulfils standard day-case surgery criteria

In-patient Criteria

The following patients may be suitable for management at BRI with a planned overnight stay

- Aged 2-4
- Weight 13-15 kg
- Additional medical problems deemed suitable for management at BRI by anaesthetic and ENT teams

Unsuitable for management at BRI

The following patients should be referred to a tertiary paediatric centre

- Age <2 years
- Weight <13kg
- Failure to thrive (weight <5th centile for age)
- Obesity (BMI >2.5SDS or >99th centile for age and gender)
- Severe cerebral palsy
- Hypotonia or neuromuscular disorders (moderately severely or severely affected)
- Significant craniofacial anomalies
- Mucopolysaccharidosis and syndromes associated with difficult airway
- Significant comorbidity (e.g. congenital heart disease, chronic lung disease. ASA 3 or above) ECG or echocardiographic abnormalities
- Severe OSA

Ambulatory care

- Continuous oxygen saturation monitoring
- If saturation <93% on air, contact operating surgeon / anaesthetist or ENT SHO / registrar on call
- They should stay in hospital for 6 hours