



Preoperative

Pre-Operative Care

- **Anxiolysis**
 - Midazolam per anesthesia team
- **VTE prophylaxis**
 - If risk factors: age \geq 12 years + 90 minute surgery, BMI \geq 30, h/o DVT/PE/malignancy
 - Apply bilateral SCD, remove at end of case

Prior to surgery patient/family meets

- Pre-op nurse
- Anesthesiologist
- Surgeon
- Child Life Specialists

Intraoperative

Induction:

- IV vs. mask induction
- Perform regular timeout including KEY ERAS components (Euvolemia, Regional)
- **Antibiotics prior to incision**
 - First line: cefoxitin 40 mg/kg q 2 hr
 - Second-line if allergic: check with Surgeon/Pharmacy

Adjuncts

- **Antiemetics:**
 - IV dexamethasone
 - IV ondansetron
- **Limit IV opioids:** if pre-incisional neuraxial or ESP block planned-
- **Multimodal Analgesia:**
 - IV analgesics-
 - Acetaminophen 12.5 mg/kg (max 1000 mg)
 - Ketorolac 0.5 mg/kg (max 30 mg)
 - Consider dexmedetomidine infusion 0.3 -1 mcg/kg/hr
 - Consider ketamine infusion 0.2 - 0.5 mg/kg/hr

Neuraxial & Regional Anesthesia
Offer to all patients

- ▶ **First Line: Thoracic Epidural**
 - If sensation at surgical site and no neuraxial anatomic contraindications
- ▶ **Second Line: Erector Spinae Plane (ESP) Catheters**
 - Consider if pt not a candidate for thoracic epidural
 - Bilateral catheters T8 - T10 - bolus 0.3 ml/kg per side of 0.2% ropivacaine - infuse 0.1% at 0.15 ml/kg per side
 - Contact Regional Anesthesia Service provider for assistance if needed
- ▶ **Third Line: Transverse Abdominal Plane (TAP) Blocks**
 - Consider if pt not a candidate for thoracic epidural OR ESP catheters
 - Bilateral catheters or bilateral single shot with ropivacaine. Consider adding clonidine, dexmedetomidine, or dexamethasone to block
 - Contact Regional Anesthesia Service provider for assistance if needed

Maintenance of Anesthesia

- **Volatile** or TIVA maintenance at discretion of anesthesiologist
- **Normothermia:**
 - Room temperature set to 70° F
 - Utilize Bair Hugger
 - Goal intraoperative temperature 36-38° C
- **Euvolemia:**
 - Goal is clinical **euvolemia** (zero fluid balance, no net weight gain on POD #1)
 - **Plasmalyte at 3-7 ml/kg/hr** (additional as clinically indicated)
 - Advanced monitoring- consider arterial line after intubation
 - if hypotensive (SBP, 85% pre-induction), give fluid challenge with 2.5 ml/kg 5% Albumin over 5 minutes
 - Consider vasopressor or inotrope

Abbreviations:
PAT - pre-admission testing
PIV - peripheral intravenous line

Prior to leaving the OR

- Awake vs. deep extubation at discretion of anesthesiologist
- Avoid suctioning of stomach or NG tube placement
- Add analgesics prn

Transfer to PACU

[• Prior to surgery algorithm](#)
[• Post-op PACU algorithm](#)
[• Post-op inpatient and discharge algorithm](#)