



Abbreviations (laboratory and radiology studies excluded):

SDS - Same Day Surgery
APS - Acute Pain Service
PENG - Pericapsular nerve group block
NG - Nasogastric
PO - By mouth
POD - Post-operative day
PONV - Post-operative nausea and vomiting
P.T. - Physical Therapy
TIVA - Total intravenous anesthesia
PACU - Post-Anesthesia Care Unit

Preoperative Care

- Active warming of patient in SDS
- Anxiolysis: midazolam per anesthesia team

Intraoperative Care

Nerve Block Considerations

- Consider lower concentrations of local with high volume if fascial plane block
- Be mindful of toxic local anesthetic dosages when multiple blocks are performed
- If unable to perform peripheral nerve blocks consider epidural placement
- **Adjuncts:** Consider clonidine or dexmedetomidine and preservative free dexamethasone to prolong block

Intraoperative Medication Bundle

- **Antibiotics:**
 - Discuss at huddle
 - Administer before incision
- **Antiemetics:**
 - Dexamethasone 0.1 mg/kg (max 8 mg)
 - Ondansetron 0.15 mg/kg (max 4 mg)
- **Multimodal Analgesia:**
 - IV acetaminophen 12.5 mg/kg (max 1000 mg) at start of case
 - Ketorolac 0.5 mg/kg (max 15 mg) at closure
 - Consider dexmedetomidine bolus/infusion
 - Consider ketamine infusion
- **Limit IV opioids:**
 - Fentanyl prn
 - Minimize long-acting opioids

Regional Anesthesia

Please Consult APS Physician

- **Discuss nerve blocks with surgeon at huddle**
 - **If Proximal femoral osteotomy only:**
 - Femoral nerve block plus lateral femoral cutaneous nerve block **OR**
 - Suprainguinal fascia iliaca block +/- PENG block **OR**
 - PENG block + lateral femoral cutaneous nerve block
 - **If Acetabuloplasty:**
 - Suprainguinal fascia iliaca block +/- PENG block **OR**
 - Quadratus lumborum block
 - **If Tibial involvement:**
 - Popliteal nerve block with saphenous nerve block **OR**
 - Popliteal nerve block with adductor canal block
 - **If Distal femur involvement:**
 - Femoral nerve block **OR**
 - Adductor canal block

Maintenance of Anesthesia

- **Volatile** or TIVA maintenance at discretion of anesthesiologist
- **Normothermia:**
 - Patients with cerebral palsy are at high risk for hypothermia
 - 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)
 - **Isotonic fluids at 3-7 ml/kg/hr** (additional as clinically indicated)

Prior to Transfer to PACU

- Discontinue urinary catheter

Postoperative Care:
Inpatient to discharge

Main Inpatient Goals of Care

Bowel regimen & Diet

- Daily bowel regimen
- Avoidance of NG tube
- Advance diet on POD 0
- Antiemetics: ondansetron and diphenhydramine prn

Postoperative Pain Management

Surgeon and anesthesiologist to discuss need for APS consult based on effectiveness of peripheral nerve blocks

Dexmedetomidine infusion (only if APS consulted) 0.1 - 0.3 mcg/kg/min

- May adjust depending on baseline neurological function

PO diazepam 0.1 mg/kg q6 hrs scheduled (unless otherwise discussed with surgeon)

IV acetaminophen 12.5 mg/kg (max 1000 mg) q6 hrs scheduled

Change to PO on POD 1

IV ketorolac 0.5 mg/kg (max 15 mg) q6 hrs alternating q3 hrs with acetaminophen

Oxycodone 0.1 mg/kg q 4hrs prn once tolerating clears

IV hydromorphone (only if APS consulted) 5-10 mcg/kg or morphine 0.05-0.1 mg/kg q4 hrs prn severe breakthrough pain or if not tolerating PO intake

Physical Therapy

- P.T. consulted on POD 1

Discharge home with post-operative follow up visit in two weeks

[Prior to surgery algorithm](#)