

**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

**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 Care**

**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**

- **APS to be consulted on all cases and write all pain orders on POD 0**
  - Dexmedetomidine infusion 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 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](#)

*This care process model is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.*