

CLEFT LIP REPAIR - SCH

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- Cleft lip repair patients are managed as a day of surgery (DOS) elective admission.
- Patients will be discharged by 09:30 am on the day following surgery.
- Patients will not be discharged until discharge criteria have been met.

CHANGE SUMMARY

- Document due for mandatory review.
- Replaces SCH clinical pathway
- Changes made: Addition or Between the Flags criteria and SPOC charts

READ ACKNOWLEDGEMENT

- Clinical nurses in C1SW, PACU and others caring for Primary Repair of Cleft Lip should read and acknowledge this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st September 2018	Review Period: 3 years
Team Leader:	CNC	Area/Dept: Cleft and Craniofacial

Introduction

Patients presenting for Cleft lip repair are booked elective patients with the referral source either the Outpatients Department or surgeon's private rooms. See: [Admissions: Clerical Procedures – SCH](#).

Inclusion criteria

- Patients considered appropriate for day of surgery admission. Or,
- Patients considered appropriate one post-operative overnight admission based on the pre-admission assessment.

Exclusion criteria

- Patients requiring more than one post-operative night based on pre-admission assessment. This may include patients with severe obstructive sleep apnoea, neurological or respiratory conditions that may require CICU post-operatively.
- Patients admitted for a revision of cleft lip.

Expected Outcomes

- Discharge occurs by 0930am the day after surgery.
- Pain is managed appropriately with oral analgesia. Opioid infusions are NOT routinely required.
- There will be no unplanned admissions to CICU.

Post-Operative Care

Observations

- Heart rate and Respirations recorded HOURLY for first 4 hours. If observations within limits on the appropriate SPOC chart, observation can be stretched to 4th hourly for the remainder of the admission.
- Temperature recorded 4th HOURLY (if outside normal parameters, record more frequently).
- Saturation monitoring as per post-operative orders (continuous overnight).
- Observe wound site for bleeding. Contact plastics team if fresh or new bleeding present.

Fluids and Nutrition

- Babies can breastfeed or resume oral fluids via their usual cleft teat and bottle.
- A soft diet may be commenced the day after surgery if baby is on solids (adult to control the spoon).
- **No** Dummies or hard objects in the mouth for 3 weeks.
- Cease IV fluids once oral fluids are tolerated, cap IV cannula.

- Maintain a fluid balance chart.
- Encourage oral hygiene with water after meals/feeds. Keep suture line as clean and dry as possible after feeds if baby experiencing nasal regurgitation.

Medications

- Administer oral analgesia as needed.
(i.e. Paracetamol +/- Oxycodone +/- Ibuprofen). Ibuprofen may only be commenced the day after surgery.
- If applicable, ensure discharge medications script is sent to pharmacy on admission.

Wound Management

As per Surgeon's documented post-operative instructions, and team review. Contact Plastics team if fresh or new bleeding present.

Discharge Criteria

Following criteria are to be noted and signed on **Primary Repair of Cleft Lip, Criteria Led Discharge** form (Link form when published)

The Patient is only ready for discharge once they have met ALL of the following criteria:

- Observations within normal limits on the appropriate SPOC charts.
- Tolerating oral fluids.
- Received regular pain relief (pain score less than or equal to 3/10 on an SCH approved paediatric pain scale e.g. FLACC).
- Wound care education provided (please see wound management above).
- No bleeding.
- Follow-up appointment for cleft lip and palate clinic given to parents/carers.
- Discharge instructions provided - including appropriate analgesia use and precautions, fluid and diet intake and mouth care.
- Discharge medications provided if ordered (may be collected from pharmacy).
- Discharge summary (can be mailed out by clerical staff once completed by Plastics team).
- Parents/carers have Cleft CNC contact details, and hospital switchboard details after hours in case of any problems post discharge.

Related documents

- Between the Flags: Clinical Emergency Response System – SCH
<http://chw.schn.health.nsw.gov.au/o/documents/policies/procedures/2013-7058.pdf>
- Admissions: Clerical Procedures – SCH
<http://chw.schn.health.nsw.gov.au/o/documents/policies/procedures/2015-7012.pdf>

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