**8)** A 3-year old is being discharged from outpatient surgery after a tonsillectomy. A common, easy-to-follow, recommendation for Tylenol® (acetaminophen) and/or Motrin® (ibuprofen) pain medication dosing is:

A) Alternate Tylenol® every 6-8 hours and Motrin® every 4-6 hours prn for 3 days

B) Alternate Tylenol® and Motrin® every 3-4 hours around the clock for 3 days followed by alternating every 3-4 hours prn

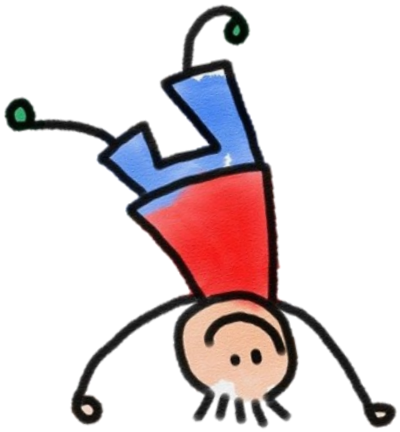
C) Alternate Tylenol® every 6-8 hours and Motrin® every 4-6 hours for 3 days followed by the same dosing prn for 10 days

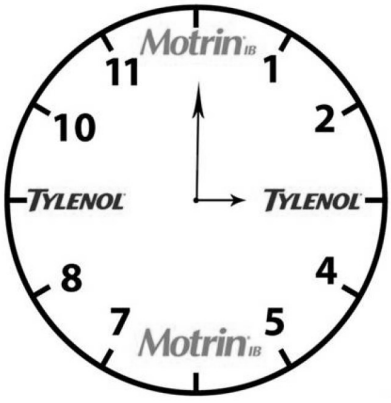
D) Alternate Tylenol® and Motrin® every 3-4 hours around the clock for 3 days beginning 7 days post-op

**B** – Alternating Tylenol® and Motrin® every 3-4 hours around the clock for 3 days followed by alternating every 3-4 hours prn is a very common recommendation for children post-tonsillectomy. This type of question requires careful analysis and thorough reading of all of the options that seem to be overflowing with numbers. Options "A" and "C" have the normal frequencies reversed and would require a complex schedule of administration and the question does suggest that the answer would be "easy to follow."

It should be easy to rule out option "D," as decades of studies have shown that babies and kids, just like adults, feel pain and should receive appropriate post-op analgesics right away (not a week post-op). Pediatric tonsillectomy is one of the most common pediatric surgical procedures performed and it is also one of the most painful. With that in mind, here are a few things to help ensure the kids (and parents) post-procedure experiences are much more pleasant:

- Remember, pain is expected, especially during the first week post-op. For most children, the pain is gone by 2-3 weeks. The day after surgery is bad, but the next 2-3 days tend to be even worse. That's really important for parents to know. After 3 days, the honeymoon phase kicks in and the pain tends to get a whole lot better. But right around the corner are days 7-10 when the scab falls off. Though usually not nearly as painful as the initial post-op period, when the scab falls off, it can hurt, and it's important for parents to know about, and anticipate, this second period of pain.
- The throat is not the only place that hurts! Ear pain, especially with swallowing, is common. This is not due to an ear infection, but is referred pain from the surgery.
- For the first few days after surgery, Tylenol® and/or Motrin® are recommended. In many cases, especially for the first day or two, some sort of liquid narcotic analgesic is prescribed as well. When it comes to Tylenol® and/or Motrin®, many ENT surgeons recommend these medications be alternated and given every 3 hours around the clock for 3 days. That translates to each medication every 6 hours, which is a very good combination/compromise between Tylenol® which is commonly given every 4-6 hours and Motrin® which is commonly given every 6-8 hours. Trying to calculate medication times is difficult enough in the best of times, and even worse by a stressed parent. To help with these situations, some facilities now have templates for a variation of the "Tylenol®/Motrin® Clock." This way, when a parent is home at 3 AM, they don't have to try to remember what med to give. They can just look at the clock. The clock helps with avoidance of accidental "overdoses" as well.





- Drink, drink, and then drink: Not surprisingly, post-tonsillectomy kids don't want to drink because their throat hurts. But dehydration is what will really get these kids into trouble. So, many ENT surgeons simply recommend that whatever the kid will drink (as long as it's not red in color) is great. Can they have all the juice they want? Sure. (Apple or white grape are probably your best bets because it's a good idea to avoid orange or grapefruit as the citrus juices may hurt). Can they have all the ice cream they want? Sure. Can they have all the non-red popsicles they want? Sure. Can they have all the Kool-Aid, or even better, Gatorade, they want? Sure. Can they have all the slushies they want? Sure. If it melts to a liquid at room temperature and it's not red in color, go for it!
- Medicate before you hydrate: Giving the child pain meds 30-minutes or so prior to trying to eat or drink just makes sense.
- Cold packs on the neck and/or forehead can be helpful for throat pain, while a heating pad on the ear can be helpful for referred ear pain.

Did you know that tonsillectomies have been performed for over 3,000 years? Wow! We can be pretty sure that they hurt a lot back then, and we know that they hurt a lot now. But, if you can keep the pain under control and keep the patients drinking (anything cool and not red), you're helping make the situation more tolerable.

**Additional Insights from a Pediatric Post-Anesthesia Care Unit (PACU) & Peds ER Nurse**: There are several other CPEN questions and rationales that specifically address post-tonsillectomy bleeding. For the test, but more importantly, for your patients, please, please remind parents that "anything more than a teaspoon" of bleeding is worth an immediate call to 911 or a trip to the ER. This is one time that it is far better to overreact than to wait. Post-op tonsillectomy bleeding is one of anesthesia's nightmare scenarios. Scared kid + stomach full of swallowed blood + potential hypovolemia from blood loss and poor PO intake + active bleeding in the same place they want to place an endotracheal tube = the perfect storm for an airway nightmare!

