

with effusion in a child at least 4 years old, or cardiopulmonary complications associated with adenoid hypertrophy ([American Academy of Otolaryngology—Head and Neck Surgery, 2012](#)).

For some children, the effectiveness of tonsillectomy or adenoidectomy is modest and may not justify the risk of surgery. In practice, many primary care providers rely on individualized decision making and do not subscribe to an absolute set of eligibility criteria for these surgical procedures. Contraindications to either tonsillectomy or adenoidectomy are (1) cleft palate because the tonsils help minimize escape of air during speech, (2) acute infections at the time of surgery because locally inflamed tissues increase the risk of bleeding, (3) uncontrolled systemic diseases or blood dyscrasias, and (4) poor anesthetic risk.

## **Nursing Care Management**

Nursing care involves providing comfort and minimizing activities or interventions that precipitate bleeding. Patients with sleep-disordered breathing require close monitoring of airway and breathing postoperatively. A soft to liquid diet is preferred. Warm saltwater gargles, warm fluids, throat lozenges, and analgesic/antipyretic drugs (such as acetaminophen) are used to promote comfort. Often opioids are needed to reduce pain for the child to drink. Opioid medications such as oxycodone or hydrocodone (Lortab) relieve pain and should be given routinely and regularly as prescribed.

If surgery is required, the child requires the same psychological preparation and physical care as for any other surgical procedure (see [Chapters 19](#) and [20](#)). Most tonsillectomy and adenoidectomy surgeries now take place in outpatient settings; however, the priorities of preoperative and postoperative care remain the same. The following discussion focuses on postoperative nursing care for tonsillectomy and adenoidectomy, although both procedures may not be performed.

Routine suctioning is avoided, but when performed, it is done carefully to avoid trauma to the oropharynx. When alert, the child may prefer sitting up. The child is discouraged from coughing frequently, clearing the throat, blowing the nose, and any other activity that may aggravate the operative site.

Some secretions are common, particularly dried blood from