

surgery. Inspect all secretions and vomitus for evidence of fresh bleeding (some blood-tinged mucus is expected). Dark brown (old) blood is usually present in the emesis, in the nose, and between the teeth.

The throat is sore after surgery. An ice collar may provide relief, but many children find it bothersome and refuse to use it. Most children experience moderate pain after a tonsillectomy and adenoidectomy and need pain medication regularly for at least the first few days. Analgesics may be given rectally or intravenously to avoid the oral route. Because the pain is continuous, analgesics should be administered at regular intervals even at night (see [Pain Management, Chapter 5](#)). An antiemetic such as ondansetron (Zofran) or scopolamine transdermal patch (ages 12 and older) may be administered postoperatively if nausea or vomiting is present.

Food and fluids are restricted until the child is fully alert and there are no signs of hemorrhage. Cool water, crushed ice, flavored ice pops, or diluted fruit juice may be given, but fluids with a red or brown color may be avoided to distinguish fresh or old blood in emesis from the ingested liquid. Citrus juice may cause discomfort and is usually poorly tolerated. Soft foods, particularly gelatin, cooked fruits, sherbet, soup, and mashed potatoes, are started on the first or second postoperative day or as the child tolerates feeding. The pain from surgery often inhibits fluid intake, reinforcing the need for adequate and regular administration of analgesics. Milk, ice cream, and pudding are usually not offered because milk products coat the mouth and throat and may cause the child to clear the throat, which can initiate bleeding.

Postoperative hemorrhage is uncommon but can occur in up to 5% of patients up to 14 days after surgery. The nurse observes the throat directly for evidence of bleeding; using a good source of light; and, if necessary, carefully inserting a tongue depressor. Other signs of hemorrhage are tachycardia, pallor, frequent clearing of the throat or swallowing by a younger child, and vomiting of bright red blood. Restlessness, an indication of hemorrhage, may be difficult to differentiate from general discomfort after surgery. Decreasing blood pressure is a late sign of shock.

Surgery may be required to ligate a bleeding vessel. Airway obstruction may also occur as a result of edema or accumulated secretions and is indicated by signs of respiratory distress, such as