

### Scenario-1-Ear-Tube-Education

HCP: Hi there! My name is Emily and I am the nurse working with Dr. Chorney today. I am going to go over some of the post op education for ear tubes before you speak to the scheduler.

Parent: Ok

HCP: Has your child had ear tubes before?

Parent: No, they have not.

HCP: Ok! It is usually a pretty easily tolerated procedure. Most children notice more effects from the anesthesia than the ear tubes themselves, like nausea or tiredness for maybe 24 hours after surgery.

You may notice drainage from either ear, which is normal and the reason for placing the ear tubes – to let the fluid out from behind the ear drum. Bloody drainage is also normal, although I know that can look concerning. We will give you ear drops to use twice a day for one week after surgery that will help dry up any drainage and clean up the ears. Please hold on to these drops. If your child has ear drainage in the future, you can use them in the same way (twice a day for a week); they do not need to be seen or take oral antibiotics. If you feel the drops are not working, please call us for further advice.

The ear tubes should not be painful, but you're welcome to give your child Tylenol or motrin for comfort if they seem fussy after surgery.

Parent: Great!

HCP: I know this was quite a bit of information. To make sure I did a good job explaining the care you will need to provide, can you please confirm how you will use the ear drops after surgery?

Parent: Twice a day for a week.

HCP: Yes! And how will you treat ear drainage moving forward?

Parent: I will use those same drops, in the same way.

HCP: Great! You will receive a printed copy of these instructions to reference, but please call us if any questions or concerns arise!

Parent: Thank you!

---

### Scenario 1

HCP: Hi there, my name is Emily and I am the nurse working with Dr. Ulualp today. I am going to go over some of the post op care information with you prior to scheduling the tonsil and adenoid removal surgery.

Parent: Ok

HCP: This surgery does have a bit of a rough recovery, and your child will need to be out of school for at least one week.

The biggest thing is going to be staying on top of their pain and hydration. We will let you know on the day of surgery exactly how much Tylenol and ibuprofen they can have, based on their

weight, so we give them the highest dose that is safe for them. We will have you switch off between the medications every 3 hours, including overnight the first few nights. For example, they would get Tylenol at 12 o'clock, ibuprofen at 3 o'clock, Tylenol again at 6 o'clock, ibuprofen at 9 o'clock and so on.

The other big thing will be staying on top of their hydration. Your child may not want to eat much food, which is ok, as long as they stay drinking lots of fluids. I recommend a variety of things like juice, Gatorade, or Pedialyte, so they're still getting sugar and salt. If they do want to eat, that is fine, just nothing crunchy or scratch for two weeks after surgery. We recommend soft things like mac n cheese, mashed potatoes, spaghetti, pudding, ice cream. Cold things usually feel better on their throat.

Bleeding is the biggest risk after surgery. A little blood in their spit is normal, but if they have more than two tablespoons of blood we would want to see them in the emergency department right away.

A few other things: They can brush their teeth like normal, just no mouthwash. They will need to stay out of PE for 2 weeks, again to prevent bleeding. We recommend "couch activities" to keep them calmer and allow their body to heal.

I know this was a lot of information. It will all be printed for you to have at home to resource, as well as a video version that your child may want to watch before surgery. Is there anything I can go back over and review for you?

Parent: Not at this time.

HCP: Great! In order to make sure I did a good job reviewing the information, could you tell me how often you are going to switch off the pain medications?

Parent: Every 3 hours.

HCP: Yep! And what would be a reason to bring your child to the emergency department?

Parent: Bleeding more than two tablespoons.

HCP: Correct! Those are two key pieces of information for a successful recovery! If you think of any questions before or after surgery, please call us as there is always somebody available for you to discuss concerns with.

Parent: Thank you!

---

### Scenario-2-Ear-Tube-Education

HCP: Hi there! My name is Emily and I am the nurse working with Dr. Chorney today. I am going to go over some of the post op education for ear tubes before you speak to the scheduler.

Parent: Ok

HCP: Has your child had ear tubes before?

Parent: No, they have not.

HCP: Ok! It is usually a pretty easily tolerated procedure. Most children notice more effects from the anesthesia than the ear tubes themselves, like nausea or tiredness for maybe 24 hours after surgery.

You may notice drainage from either ear, which is normal and the reason for placing the ear tubes – to let the fluid out from behind the ear drum. Bloody drainage is also normal, although I know that can look concerning. We will give you ear drops to use twice a day for one week after surgery that will help dry up any drainage and clean up the ears. Please hold on to these drops. If your child has ear drainage in the future, you can use them in the same way (twice a day for a week); they do not need to be seen or take oral antibiotics. If you feel the drops are not working, please call us for further advice.

The ear tubes should not be painful, but you're welcome to give your child Tylenol or motrin for comfort if they seem fussy after surgery.

Parent: Great!

HCP: I know this was quite a bit of information. To make sure I did a good job explaining the care you will need to provide, can you please confirm how you will use the ear drops after surgery?

Parent: Once a day for a couple of days after surgery.

HCP: We will actually want you to use the drops twice a day, so in the morning and in the evening, for 7 days after surgery.

Parent: Got it. I will use the drops twice a day for a week.

HCP: Great! And how will you treat ear drainage in the future?

Parent: I will have my child see their pediatrician for antibiotics.

HCP: We can actually treat any ear drainage moving forward with just the ear drops! Having the tube in place makes it much easier for us to treat any ear infections, and your child typically will not need to take anything by mouth (or even be seen for an appointment!). Just let us know if you need a refill or the drainage is not improving with the drops!

Parent: Oh that is great to hear, they have been on a lot of antibiotics. So in the future I will restart ear drops if I notice drainage from their ears.

HCP: Perfect! You will receive a printed copy of these instructions to reference, but please call us if any questions or concerns arise!

Parent: Thank you!

---

## Scenario 2

HCP: Hi there, my name is Emily and I am the nurse working with Dr. Ulualp today. I am going to go over some of the post op care information with you prior to scheduling the tonsil and adenoid removal surgery.

Parent: Ok

HCP: This surgery does have a bit of a rough recovery, and your child will need to be out of school for at least one week.

The biggest thing is going to be staying on top of their pain and hydration. We will let you know on the day of surgery exactly how much Tylenol and motrin they can have, based on their weight, so we give them the highest dose that is safe for them. We will have you switch off between the medications every 3 hours, including overnight the first few nights. For example, they would get tylneol at 12 o'clock, ibuprofen at 3 o'clock, tylneol again at 6 o'clock, ibuprofen at 9 o'clock and so on.

The other big thing will be staying on top of their hydration. Your child may not want to eat much food, which is ok, as long as they stay drinking lots of fluids. I recommend a variety of things like juice, Gatorade, or Pedialyte, so they're still getting sugar and salt. If they do want to eat, that is fine, just nothing crunchy or scratch for two weeks after surgery. We recommend soft things like mac n cheese, mashed potatoes, spaghetti, pudding, ice cream. Cold things usually feel better on their throat.

Bleeding is the biggest risk after surgery. A little blood in their spit is normal, but if they have more than two tablespoons of blood we would want to see them in the emergency department right away.

A few other things: They can brush their teeth like normal, just no mouthwash. They will need to stay out of PE for 2 weeks, again to prevent bleeding. We recommend "couch activities" to keep them calmer and allow their body to heal.

I know this was a lot of information. It will all be printed for you to have at home to resource, as well as a video version that your child may want to watch before surgery. Is there anything I can go back over and review for you?

Parent: Not at this time.

HCP: Great! In order to make sure I did a good job reviewing the information, could you tell me how often you are going to switch off the pain medications?

Parent: Every 6 hours?

HCP: You will actually want to switch off every 3 hours. You are correct that each dose of the same medication will be every 6 hours, but we want to stagger them so your child has medicine available to them every 3 hours. For example, they would get tylneol at 12 o'clock, ibuprofen at 3 o'clock, tylneol again at 6 o'clock, ibuprofen at 9 o'clock and so on. Does that make sense?

Parent: Yes, I will switch off the medicines every 3 hours.

HCP: Perfect! And what would be a reason to bring your child to the emergency department?

Parent: If my child has any amount of bleeding.

HCP: We are actually ok with some bleeding or blood-tinged spit; this is normal. Reasons we would want to see them in the emergency room include more than two tablespoons of blood.

Parent: Understood. If my child has more than two tablespoons of blood I will bring them to the closest emergency department.

HCP: Correct! Those are two key pieces of information for a successful recovery! If you think of any questions before or after surgery, please call us as there is always somebody available for you to discuss concerns with.

Parent: Thank you!

---

### Scenario-3-JG

Nurse: Hello, my name is Jordan and I'm the nurse working with Dr. Ulualp. Dr. Ulualp let me know the plan, that we are scheduling your son for a tonsillectomy and adenoidectomy. Does that sound right?

Parent: Yes, that's correct.

Nurse: Great, I'll go over the post-operative care instructions with you. Once I finish explaining everything, I'll ask a couple of questions to make sure that I explained every clearly.

Parent: Okay, I understand.

Nurse: Okay, so the recovery time for this surgery is typically about 2 weeks. During the 2 weeks, we will have your son started on a schedule of Acetaminophen/Tylenol and Ibuprofen/Motrin. He will take these medications q3h, alternating between the two medications. We do request that you give the medication overnight for the first 3-5 days after surgery. After that, you may begin to space out how often you give the medication. Now to discuss the post-operative restrictions, after the tonsillectomy and adenoidectomy, we will require your son to be absent from school for 1 week at the minimum, but he may need to be out of school for up to the full 2 weeks. In addition, he will also need to eat only soft foods for 2 weeks, and not participate in any sports or PE for 2 weeks as well. It is also imperative that your son receive adequate hydration, so please provide him with a variety of fluids to ensure this. We also want you to watch out for any post-surgical complications, such as hemorrhage or dehydration. Some symptoms of dehydration include limited voids, urine that is darker than normal, or dry oral mucosa. If you notice any of these, this means that your son needs to increase fluid intake. It is important to also watch out for hemorrhage. A small amount of blood is normal, but any amount of hemorrhage greater than or equal to one ounce would require emergent care. This blood may come from the nasopharynx, the mouth, or be present in emesis. Please bring your son to the emergency room for any hemorrhage larger than two tablespoons. We also recommend avoiding any red liquids, to avoid confusion with blood.

Okay, that's everything that you need to know, now I will ask you to state in your own words what you need to do after surgery.

In your own words, when should you bring your child to the emergency room and how often you'll give the medication after surgery?

Parent: I will alternate acetaminophen and Tylenol every 3 hours. I should bring him to the emergency room for any amount of bleeding or too much urine.

Nurse: I can see that I may have not explained this as clearly as I should have. Let me start again. First, I will talk about the medicine that he will take after surgery. Acetaminophen and Tylenol are actually the same medicine. Motrin and Ibuprofen are also the same medicine. What do you call them in your house?

Parent: I see! We call them Tylenol and Motrin in our house.

Nurse: Perfect, after the surgery you will alternate Tylenol and Motrin every 3 hours. For example, you would give Tylenol at 9am, and then 3 hours later, you would give Motrin. 3 hours after that, it would be time for Tylenol again. We recommend continuing this schedule at night as well.

Can you tell me now in your own words how you'll give the medicine after surgery?

Parent: Yes, I will rotate Tylenol and Motrin back and forth every three hours, including waking up at night to take the medicine.

Nurse: Yes exactly, thank you!

I also want to make clear when you should bring your child to the emergency room. You will bring your son to the emergency room if he has any bleeding from his mouth, nose, or throws up 2 tablespoons or more of blood. A small amount of blood is okay, but anything two tablespoons or more is not normal.

Now, would you be able to tell me in your own words when you need to bring your son to the emergency room?

Parent: Yes, I need to bring my son to the emergency room for any bleeding that is 2 tablespoons or more.

Nurse: That's exactly correct, thank you so much for your time!

---

### Scenario-3

HCP: Hi! I am going to go over postoperative care instructions with you prior to scheduling your child's adenotonsillectomy surgery.

Parent: Ok

HCP: This surgery has a rough recovery, and your child will need to be out of school for at least one week. Some kids need up to two weeks out of school, and most feel better around 10 days. We will provide a school note for up to two weeks, and can complete paperwork or FMLA for whoever needs to stay home with them as well. We will let you know on the day of surgery exactly how much Tylenol and ibuprofen they can have, based on their weight, so we give them the highest dose that is safe for them. We will have you switch off between the medications every 3 hours, including overnight the first few nights. They will still have throat pain, regardless of the medication, but this should keep them comfortable. You may also try chloraseptic throat numbing spray that is available over the counter, and can help with localized numbing. Ear pain is common after surgery and is caused by a nerve in the back of the throat causing referred pain to the ears. The Tylenol and motrin should help with this, but you can also use a warm washcloth

for comfort. The other big thing will be staying on top of their hydration. Your child may not want to eat much food, which is ok, as long as they stay drinking lots of fluids. I recommend a variety of things like juice, Gatorade, or Pedialyte, so they're still getting electrolytes. If they do want to eat, that is fine, just nothing crunchy or scratchy for two weeks after surgery. We recommend soft things like mac n cheese, mashed potatoes, spaghetti, pudding, ice cream. Cold things usually feel better on their throat. We want to stay away from foods with sharp edges like pizza crust, chips, taco shells – as these may scratch the throat and cause bleeding. Bleeding is the biggest risk after surgery. A little blood in their spit is normal, but if they have more than two tablespoons of blood we would want to see them in the emergency department right away. They can brush their teeth like normal, just no mouthwash. They will need to stay out of PE for 2 weeks, again to prevent bleeding. We recommend “couch activities” to keep them calmer and allow their body to heal.

We will print all of this out for you to review. Do you have any questions?

Parent: No

HCP: Great! So how often will you give the pain medicine?

Parent: Every 4 hours?

HCP: You will actually want to give the pain medicine every 3 hours, switching off between the Tylenol and the motrin. For example, they would get Tylenol at 12 o'clock, ibuprofen at 3 o'clock, Tylenol again at 6 o'clock, ibuprofen at 9 o'clock and so on. We will let you know exactly how much they can get when they are discharged home.

Parent: Ok that makes sense. I will give the medicines alternating every 3 hours.

HCP: Correct! And you will bring them to the ER when?

Parent: If they have any bleeding?

HCP: We are actually ok with some bleeding or blood-tinged spit; this is normal. Reasons we would want to see them in the emergency room include more than two tablespoons of blood (demonstrating with hand the size of a tablespoon). If they cough up or spit out this amount of blood, we would want you to bring them in right away. Susie, you are old enough to watch for this. If you are back at school and have bleeding more than two spoonfuls, please let your teacher know right away and they can call your mom.

Parent: Got it! If there is only a little blood in the spit, that is ok. If the bleeding is more than two tablespoons I will bring Susie to the ER right away.

---

#### Scenario-4-JG

Nurse: Hello, I am Jordan, the nurse working with Dr. Ulualp. Dr. Ulualp let me know that your daughter will be scheduled for ear tube surgery for her ear infections. Does that sound right?

Parent: Yes that is correct.

Nurse: Great, I'll go over what you need to know to take care of your child after the surgery. After this surgery, your child may feel a bit sleepy or cranky from the medicine used during surgery. This is normal and will get better as the medicine wears off. Your daughter may also have some liquid come out of her ears after the surgery. This liquid is called drainage, and it may be green, yellow, or even bloody. This is all normal. We will give you some ear drops after the surgery that you will use for one week to clean up this ear drainage. You will put 4 drops into both ears two times per day for the full week. Your child can go back to taking baths like normal and eating their regular foods after the surgery. The only restriction with the ear tubes is that we ask that your daughter use waterproof ear plugs in both of her ears to protect them when swimming in "dirty" water. Examples of "dirty" water are oceans, lakes, or ponds. The last thing I want to tell you is that if your daughter develops any drainage or liquid from her ears at any time in the future after the ear tube surgery, please call our office so we can send a prescription for more ear drops. That's everything I wanted to tell you! Do you have any questions!

Parent: Nope, thank you so much!

---

#### Scenario-4-TA-Education

HCP: Hi! I am going to go over postoperative care instructions with you prior to scheduling your child's adenotonsillectomy surgery.

Parent: Ok

HCP: This surgery has a rough recovery, and your child will need to be out of school for at least one week. Some kids need up to two weeks out of school, and most feel better around 10 days. We will provide a school note for up to two weeks, and can complete paperwork or FMLA for whoever needs to stay home with them as well. We will let you know on the day of surgery exactly how much Tylenol and ibuprofen they can have, based on their weight, so we give them the highest dose that is safe for them. We will have you switch off between the medications every 3 hours, including overnight the first few nights. They will still have throat pain, regardless of the medication, but this should keep them comfortable. You may also try chloraseptic throat numbing spray that is available over the counter, and can help with localized numbing. Ear pain is common after surgery and is caused by a nerve in the back of the throat causing referred pain to the ears. The Tylenol and motrin should help with this, but you can also use a warm washcloth for comfort. The other big thing will be staying on top of their hydration. Your child may not want to eat much food, which is ok, as long as they stay drinking lots of fluids. I recommend a variety of things like juice, Gatorade, or Pedialyte, so they're still getting electrolytes. If they do want to eat, that is fine, just nothing crunchy or scratchy for two weeks after surgery. We recommend soft things like mac n cheese, mashed potatoes, spaghetti, pudding, ice cream. Cold things usually feel better on their throat. We want to stay away from foods with sharp edges like pizza crust, chips, taco shells – as these may scratch the throat and cause bleeding. Bleeding is the biggest risk after surgery. A little blood in their spit is normal, but if they have more than two



tablespoons of blood we would want to see them in the emergency department right away. They can brush their teeth like normal, just no mouthwash. They will need to stay out of PE for 2 weeks, again to prevent bleeding. We recommend “couch activities” to keep them calmer and allow their body to heal.

We will print all of this out for you to review. Do you have any questions?

Parent: No

HCP: Great! Let's get you scheduled!