Neck Dissection Surgery Clinical Pathway

Site Applicability

Vancouver General Hospital (VGH)

UBC Hospital

Pathway Patient Goals

Inclusion Criteria

Home Discharge Criteria

Instructions

1. Review pathway once per shift for patient care goals and expected outcomes
2. Do not document on this pathway, complete documentation in the Electronic Health Record (Cerner) or paper chart as per policy

POST – OR Day	
Focus of Care	**Expected Outcomes**
Teaching, Discharge Planning	• Orient to unit & hospital routine • Reinforce pre-op teaching (deep breathing, coughing and leg exercises) Review pain scale/management • Review feeding schedule • Patient and family understand outcome of surgery
Tests	• Standing orders for blood work
Consults	
Assessments, Treatments	• Vital signs and temp as per post-op protocol (R12-20 min, P60-100, BP 90-150) • Level of consciousness (oriented x 3) • Chest auscultation Q4hrs prn (breath sounds clear; resp easy & regular, Ø SOB, Ø resp distress) • Pulse oximeter Q4hrs prn (>93%) maintain oxygen requirements to saturation levels • Assess peripheral IV site (free of infection, redness) • Assess for facial symmetry, loss of sensation to face/ear • Assess neck incision (**monitor for swelling, bleeding, evidence of hematoma**) • Neck incision well approximated, staples in situ • Assess abdominal status Q4hrs prn (soft, non distended, bowel sounds x 4 audible) • Monitor and empty hemovac drainage Q6hrs prn (**No sanguineous/chyle drainage**) • **Strip hemovac drain** Q1hr x 4hrs then Q6hrs prn • **Staple remover, suture scissors at bedside at all times (tape to HOB)**
Adequate Airway	• Airway patent, can clear own secretions • Assess patient's voice (absence of hoarseness, stridor)
Activity, Rest	• Elevate HOB 30° • Encourage deep breathing, coughing and leg exercises Q1hr while awake • ICOUGH protocol followed • Plantar dorsi-flexion exercises Q1hr while awake • Dangle at edge of bed • Up to chair
Medications	• Analgesics prn • Antiemetic prn • Polysporin BID to neck incision
Pain	• Pain assessment Q1hr until pain is controlled then Q4hrs prn (pain adequately controlled) • Sedation level within norm • Pruritus controlled
Nutrition	• NPO • Sips of Clear Fluids • Clear fluids • Nausea controlled
Elimination	• Foley catheter to straight drainage (urine output > 30 mls/hr)

	• Voiding adequately (urine output > 30 mls/hr) • Passing flatus
Anxiety/Fear	• Nurse will anticipate and discuss patient's/families concerns and fears related to surgery • Information needs met
Desired Outcomes **WNL - within normal limits**	• Airway patent • Vital signs and temp stable within normal range/satisfactory • Neck incision well approximated • Hemovac drain(s) output/colour within normal range/satisfactory • Patient states pain is at an acceptable level • Nausea controlled • Tolerates oral intake • Fluids and electrolytes balanced • Patient describes anxiety as acceptable

Post-op Day 1	
Focus of Care	**Expected Outcomes**

Teaching, Discharge Planning	• Reinforce importance of deep breathing, coughing and leg exercises
	• Review pain scale/management
	• Review feeding schedule
	• Patient and family understand outcome of surgery
	• Hemovac drain care teaching initiated – if applicable
	• **Discuss potential discharge in 1-2 days**
	• Discuss potential needs upon discharge (home support/home care nursing)
	• **Provide and review "Going Home After Neck Dissection Surgery or Head and Neck Reconstructive Surgery" pamphlet with patient/family**
	• **Discharge supplies:**
	  ○ provide staple remover
	  ○ provide "Hemovac pamphlet" along with a measuring container

Tests	• Standing orders for blood work
Consults	• Home care nursing (re: hemovac drain care)
Assessments, Treatments	• Vital signs and temp as per post-op protocol (R12-20 min, P60-100, BP 90-150) • Level of consciousness (oriented x 3) • Chest auscultation Q4hrs prn (breath sounds clear; resp easy & regular, Ø SOB, Ø resp distress) • Pulse oximeter Q4hrs prn (>93%) maintain oxygen requirements to saturation levels – **wean to room air** • Assess peripheral IV site (free of infection, redness) • Assess for facial symmetry, loss of sensation to face/ear • Assess neck incision (**monitor for swelling, bleeding, evidence of hematoma**) • Neck incision well approximated, staples in situ • Assess abdominal status Q4hrs prn (soft, non distended, bowel sounds x 4 audible) Monitor and empty hemovac drainage Q6hrs prn **(No sanguineous/chyle drainage)** • **Strip hemovac drain** Q1hr x 4hrs then Q6hrs prn • **Staple remover, suture scissors at bedside at all times (tape to HOB)**
Adequate Airway	• Airway patent, can clear own secretions • Assess patient's voice (absence of hoarseness, stridor)
Activity, Rest	• Elevate HOB 30° • Encourage deep breathing, coughing and leg exercises Q4hr prn • ICOUGH protocol followed • Up in chair (2-3 times/day) • Assisting with am care • Ambulating with assistance • **Seen by physiotherapist re: neck and shoulder exercises**
Medications	• Analgesics prn • Antiemetic prn • **Polysporin BID to neck incision**

Pain	• Pain assessment Q1hr until pain is controlled then Q4hrs prn (pain adequately controlled) • Sedation level within norm
Nutrition	• Clear Fluids • Full fluids • DAT • Nausea controlled
Elimination	• Foley catheter to straight drainage (urine output > 30 mls/hr) • **Foley removed** • Voiding adequately (urine output > 30 mls/hr) • Passing flatus
Anxiety/Fear	• Nurse will anticipate and discuss patient's/families concerns and fears related to surgery • Information needs met
Desired Outcomes **WNL -** **within normal limits**	• Airway patent • Vital signs and temp stable within normal range/satisfactory • Neck incision well approximated • Hemovac drain(s) output/colour within normal range/satisfactory • Patient states pain is at an acceptable level • Nausea controlled • Tolerates oral intake • Fluids and electrolytes balanced • Patient describes anxiety as acceptable • Patient initiating and managing self care of hemovac drain • Ambulating with assistance – returning to baseline level of function

Post-op Day 2	
Focus of Care	**Expected Outcomes**

Teaching, Discharge Planning	• Reinforce importance of deep breathing, coughing and leg exercises
	• Review pain scale/management
	• Review feeding schedule
	• Hemovac drain care teaching in progress/accomplished – if applicable
	• **Plan home today/tomorrow**
	• Discuss potential needs upon discharge (home support/home care nursing)
	• Inform patient/family of all resources arranged
	• **Provide and review "Going Home After Neck Dissection Surgery or Head and Neck Reconstructive Surgery" pamphlet with patient/family**
	• **Discharge supplies:**
	  ○ provide staple remover
	  ○ provide "Hemovac pamphlet" along with a measuring container

Tests	
Consults	• Home care nursing (re: hemovac drain care)
Assessments, Treatments	• Vital signs and temp as per post-op protocol (R12-20 min, P60-100, BP 90-150) • Level of consciousness (oriented x 3) • Chest auscultation Q4hrs prn (breath sounds clear; resp easy & regular, Ø SOB, Ø resp distress) • Pulse oximeter Q4hrs prn (>93%) **on room air** • Assess peripheral IV site (free of infection, redness) • **Saline lock IV** • Assess for facial symmetry, loss of sensation to face/ear • Assess neck incision (**monitor for swelling, bleeding, evidence of hematoma**) • Neck incision well approximated, staples in situ • Assess abdominal status Q4hrs prn (soft, non distended, bowel sounds x 4 audible) Monitor and empty hemovac drainage Q6hrs prn (**No sanguineous/chyle drainage**) • **Strip hemovac drain** Q6hrs prn • **Hemovac removed** • **Staple remover, suture scissors at bedside at all times (tape to HOB)**
Adequate Airway	• Airway patent, can clear own secretions • Assess patient's voice (absence of hoarseness, stridor)
Activity, Rest	• Elevate HOB 30° • Encourage deep breathing, coughing and leg exercises Q4hr prn • ICOUGH protocol followed • Up in chair (2-3 times/day) • Assisting with am care • Ambulating with assistance • **Patient performing re: neck and shoulder exercises**
Medications	• Analgesics prn • Antiemetic prn • **Polysporin BID to neck incision**

Pain	• Pain assessment Q1hr until pain is controlled then Q4hrs prn (pain adequately controlled) • Sedation level within norm
Nutrition	• DAT • Nausea controlled
Elimination	• Voiding adequately (urine output > 30 mls/hr) • Passing flatus • Note any normal BM • Note any diarrhea
Anxiety/Fear	• Nurse will anticipate and discuss patient's/families concerns and fears related to surgery • Information needs met
Desired Outcomes **WNL -** **within normal limits**	• Airway patent • Vital signs and temp stable within normal range/satisfactory • Neck incision well approximated • Hemovac drain(s) output/colour within normal range/satisfactory • Patient states pain is at an acceptable level • Nausea controlled • Tolerates oral intake • Fluids and electrolytes balanced • Patient describes anxiety as acceptable • Patient able to self manage self care of hemovac drain • Mobilizing independently - at baseline level of function

Post-op Day 3	
Focus of Care	**Expected Outcomes**

Teaching, Discharge Planning	• Reinforce importance of deep breathing, coughing and leg exercises
	• Review pain scale/management
	• Hemovac drain care teaching accomplished – if applicable
	• Plan home today
	• Inform patient/family of all resources arranged upon discharge
	• Inform patient timing of staple removal
	• **Provide and review "Going Home After Neck Dissection Surgery or Head and Neck Reconstructive Surgery" pamphlet with patient/family**
	• **Discharge supplies:**
	  ○ provide staple remover
	  ○ provide "Hemovac pamphlet" along with a measuring container

Tests	
Consults	• Home care nursing (re: hemovac drain care)
Assessments, Treatments	• Vital signs and temp as per post-op protocol (R12-20 min, P60-100, BP 90-150) • Level of consciousness (oriented x 3) • Chest auscultation Q4hrs prn (breath sounds clear; resp easy & regular, Ø SOB, Ø resp distress) • Pulse oximeter Q4hrs prn (>93%) on room air • Assess peripheral IV site (free of infection, redness) • **Saline lock IV** • Assess for facial symmetry, loss of sensation to face/ear • Assess neck incision (monitor for swelling, bleeding, evidence of hematoma) • Neck incision well approximated, staples in situ • Assess abdominal status Q4hrs prn (soft, non distended, bowel sounds x 4 audible) • Monitor and empty hemovac drainage Q6hrs prn (**No sanguineous/chyle drainage**) • **Strip hemovac drain** Q6hrs prn • **Hemovac removed** • **Staple remover, suture scissors at bedside at all times (tape to HOB)**
Adequate Airway	• Airway patent, can clear own secretions • Assess patient's voice (absence of hoarseness, stridor)
Activity, Rest	• Elevate HOB 30° • Encourage deep breathing, coughing and leg exercises Q4hr prn • ICOUGH protocol followed • Up in chair (2-3 times/day) • Assisting with am care • Ambulating with assistance • **Patient performing re: neck and shoulder exercises**
Medications	• Analgesics prn • Antiemetic prn • **Polysporin BID to neck incision**

Pain	• Pain assessment Q1hr until pain is controlled then Q4hrs prn (pain adequately controlled) • Sedation level within norm
Nutrition	• DAT • Nausea controlled
Elimination	• Voiding adequately (urine output > 30 mls/hr) • Passing flatus • Note any normal BM • Note any diarrhea
Anxiety/Fear	• Nurse will anticipate and discuss patient's/families concerns and fears related to surgery • Information needs met
Desired Outcomes **WNL -** **within normal limits**	• Airway patent • Vital signs and temp stable within normal range/satisfactory • Neck incision well approximated • Hemovac drain(s) output/colour within normal range/satisfactory • Patient states pain is at an acceptable level • Nausea controlled • Tolerates oral intake • Fluids and electrolytes balanced • Patient describes anxiety as acceptable • Patient able to self manage self care of hemovac drain • Mobilizing independently - at baseline level of function

Developed By

Effective Date:	
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	Endorsed By: **Final Sign Off:**
Owners:	VCH
	Developer Lead(s): • Clinical Nurse Educator, General/Vascular Surgery, OTL-HNS & GI Medicine, VGH