Re-assess hydration & resuscitate

Consider admission if <5 years old or dehydration or re-presentation

Encourage normal diet throughout recovery

See GP, surgeon or ED in 24-48 hours if not improving

See GP, surgeon or ED in 24-48 hours if not improving

Mainly pain

Check compliance with post tonsillectomy analgesia protocol:

Adult: Celebrex 200mg, 12 hourly and paracetamol 500mg, 1-2 4-6 hourly, maximum 8 per day and breakthrough Endone 5-10mg 4-6 hourly PRN (or tapentadol )

Child: paracetamol 15mg/kg/dose, maximum 60mg/kg/day or 4 doses and ibuprofen 1mg/kg/dose, 8 hourly PRN with breakthrough oxycodone liquid 5mg/5ml, 0.1mg/kg/dose 4-6 hourly PRN dispensed in childproof bottle with 20 doses, by SWHC or SJOG pharmacy in-hours 25-50ml volume only

Persistent N&V after ceasing opiate and using Ondansetron:

Consider

Prednisolone 1-3 days

Taking less than prescribed: encourage compliance, increase dose and frequency of Endone

Post tonsillectomy pain and/or nausea & vomiting

Assess hydration & resuscitate

Consider admission if <3 years old or dehydration or re-presentation

Encourage normal diet throughout recovery

**Pain lasts 10-14 days and is often worse 5-7 days post op**

Antibiotics do not reduce pain. It is normal for the tonsillar fossa to look white/sloughy for 21 days post op. Low grade fever up to 38 degrees is common for 2-4 days post op.

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Mainly nausea and vomiting

Ondansetron wafer 8 hourly

AND

Adults: continue pain regimen with ondansetron wafer tds for OR Withdraw or halve dose of Endone

Taking maximum doses prescribed at discharge without N&V or sedation, try one or all of:

Increase dose of Endone

Or substitute tapentadol for Endone in adults

Or add 1-3 days of prednisolone

Drug doses:

Celecoxib (Celebrex): 4mg/kg/dose 12 hourly up to max 400mg per day adults: 200mg capsule, 12 hourly

Paracetamol 15mg/kg/dose max 60mg/kg/day

Ibuprofen 10mg/kg/dose maximum 400mg, 8 hourly

Prednisolone 0.5-1mg/kg/day for 1-3 days