



Tonsillectomy / Adenotonsillectomy (Paediatric) Policy

1. Background

In line with the [WA Clinical Governance Framework](#), the WA Country Health Service (WACHS) is committed to providing safe and appropriate services with an emphasis on preventing and managing clinical risks.

This policy sets out conditions under which tonsillectomies may be performed on paediatric patients within WACHS hospitals.

NOTE: This policy is to be read in conjunction with endorsed PMH Clinical Guidelines:

- [Tonsillectomy and Adenotonsillectomy Post-operative Management](#)
- [Tonsillectomy/Adenotonsillectomy Discharge Criteria](#)

2. Policy Statement

To ensure that higher risk patients are managed by those appropriately skilled and trained, and in appropriate facilities, a tonsillectomy, with or without adenoidectomy, may be performed on a paediatric patient in a WACHS hospital regionally approved for tonsillectomy in the following circumstances:

Operative Requirements	Post-operative Requirements
<ul style="list-style-type: none"> · ENT surgeon or tonsillectomy-accredited surgeon / General Practitioner (GP) surgeon. · Specialist anaesthetist, or GP-anaesthetist accredited for the weight and age of the patient. 	<p>For 14 days post-op, patient is to have access to, within one hour of travel, a site which can provide 24/7/365:</p> <ul style="list-style-type: none"> · accident and emergency services with capacity to insert IV lines and give cross matched blood. · surgical and anaesthetic services suitable to the weight and age of the patient.

Patients with Obstructive Sleep Apnoea, obesity (BMI > 95th centile) or otherwise considered to be at high risk of post-operative complications by the surgeon or anaesthetist should be referred to a tertiary facility.

In addition, parents or guardians of paediatric patients should, as part of the consent process, be advised that the patient should remain within one hour's travel of a nominated centre as described above, for the first fourteen (14) post-operative days to manage the infrequent but serious risk of post-operative haemorrhage.

3. Definitions

Paediatric patient	for the purposes of this policy, is one aged sixteen years or less
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4. Roles and Responsibilities

Nursing staff are to:

- observe the paediatric patient post-operatively for a minimum of six hours
- ensure pre-discharge observations correlate with baseline observations
- ensure no IV opioids within three hours of discharge
- ensure the parent receive both written and verbal discharge instructions (including contact and response to complication details). WACHS Patient Discharge Information Sheet for parents is recommended
- ensure parent or guardian will be confident in caring for the child at home after the procedure
- confirm the child will be discharged to within one hour's travel of a nominated centre and remain for 14 days post operatively.

5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Discipline Policy](#).

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

The Regional Medical Director is to advise the Executive Director Medical Services of:

- any tonsillectomy procedures performed on paediatric patients that do not meet the requirements of this policy.
- number and type of clinical incidents relating to tonsillectomies performed on paediatric patients.

7. Standards

[National Safety and Quality Health Care Standards](#): Standard 1.1.1

8. References

PMH [Tonsillectomy and Adenotonsillectomy Post-operative Management](#)

PMH [Tonsillectomy/Adenotonsillectomy Discharge Criteria](#)

9. Related Documents

WACHS [Tonsillectomy-Adenoidectomy Care - Patient Discharge Information Sheet](#)

10. Related WA Health Policies

[WA Health Consent to Treatment Policy](#) 2016

11. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

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Contact:	Workforce Support Consultant, Medical Services (G.Carroll)		
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