



Tonsillectomy / Adenotonsillectomy (Paediatric) Policy

1. Background

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

This policy is to be read in conjunction with endorsed Perth Children’s Hospital (PCH) [Tonsillectomy and Adenotonsillectomy Post-operative Management Clinical Guideline](#).

2. Policy Statement

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
Tonsillectomy-accredited Surgeon and Specialist anaesthetist, or GP-anaesthetist accredited for the weight and age of the patient.	For 14 days post-op, patient is to be within 45 minutes of travel of emergency services and surgical and anaesthetic expertise to manage post-operative problems such as bleeding.

Patients that are thought to be unsuitable for anaesthesia and/or ENT surgery at a regional centre by the surgeons or anaesthetists should be referred to the appropriate tertiary centre e.g. High BMI, severe behavioural disturbance, possible difficult airway.

In addition, parents or guardians of paediatric patients should, as part of the consent process, be advised that the patient should remain within forty five (45) minutes 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.

NSAIDS usage post tonsillectomy is commonplace; however, anaesthetists and surgeons should consider recent studies suggesting an association of these drugs with bleeding before recommending NSAIDS in the post-operative period.¹

Consumer information:

- **Consent** – clinicians are encouraged to use the WA Health provided [Procedure Specific Information Sheet](#): ENT07: Tonsillectomy (child) or ENT18: Adeno-Tonsillectomy (child). Both are provided in number of accessibility and translated formats
- **Discharge** –parent or guardian **must** be provided with the following written discharge information:
 - [WACHS Tonsillectomy with or without Adenoidectomy – Discharge information \(pdf\)](#). This is an editable version for staff to insert location for local contextualisation.

- For Aboriginal families, staff have the option of providing the [PCH Tonsillectomy - Keeping our Mob Healthy \(pdf\)](#) (Note: the time from nominated hospital and contact number must be written on the handout as this information is not on the handout).

3. Definitions

Paediatric patient	for the purposes of this policy, is one aged sixteen years or less
---------------------------	--

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 recorded on the age appropriate observation chart
- ensure no IV opioids within three hours of discharge
- ensure the parent or guardian receive both written and verbal discharge instructions (including contact and response to complication details).
- 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 forty five (45) minutes travel of a nominated centre and remain for fourteen (14) days post operatively.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

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

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System in accordance with the WACHS [Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. 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.

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.07

9. Legislation

[Guardianship and Administration Act 1990](#) (WA)

10. References

1. Stokes W, Swanson RT, Schubart J, Carr MM. Postoperative Bleeding Associated with Ibuprofen Use after Tonsillectomy: A Meta-analysis. *Otolaryngol Head Neck Surg.* 2019 Nov;161(5):734-741. doi: 10.1177/0194599819852328. Epub 2019 Jun 4. PMID: 31159669 [Accessed 9 August 2022]
2. Perth Children's Hospital (PCH) [Tonsillectomy and Adenotonsillectomy Post-operative Management Clinical Guideline](#) [Accessed 10 August 2022]

11. Related Forms

Nil

12. Related Policy Documents

PCH [Tonsillectomy and Adenotonsillectomy Post-operative Management Clinical Guideline](#)

WACHS [Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard](#)

WACHS [Pre and Post Procedural Management Clinical Practice Standard](#)

WACHS [Clinical Observations and Assessments Clinical Practice Standard \(physiological \(vital signs\), neurovascular, neurological and fluid balance\)](#)

WACHS [Recognising and Responding to Acute Deterioration \(RRAD\) Procedure](#)

13. Related WA Health System Mandatory Policies

[WA Health Consent to Treatment Policy](#)

14. Policy Framework

[Clinical Governance, Safety and Quality](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Program Officer Clinical Practice Standards		
Directorate:	Medical Services	EDRMS Record #	ED-CO-14-28983
Version:	6.1	Date Published:	27 October 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.