Tonsillectomy & Adenoidectomy (TNA) Post-Op Complications, ED

NEMOURS CHILDREN'S HEALTH

Last Updated: 06/30/26

INCLUSION CRITERIA

- Patients with post-operative tonsillectomy and adenoidectomy bleeds, pain and/or dehydration within 14 days of surgery.

EXCLUSION CRITERIA

- Bleeding disorder
- Second bleeding episode from single procedure

MEASURES

Outcome Measure
- Return to OR

Process Measure
- Time to ENT Consult
- Time to TXA administration

CONSIDERATIONS

- Avoid unnecessary suctioning
- Avoid NSAIDs (ketorolac/ibuprofen) in bleeding patients, only use acetaminophen for pain.

INDICATIONS FOR TRANSFUSION[1]

- Hypotension for age BP ≤ 10th percentile for age
- Hgb < 7 and/or rapidly declining Hgb
- Altered mental status
- Cardiac arrythmia
- ED Attending discretion

Initial Assessment

- Patient presents with recent history of T&A surgery and post-operative bleeding, pain or dehydration
- ED Triage to room patient immediately and notify physician

Continued Assessment

- Airway, Breathing, Circulation, D=Mental status
- Active tonsillar bleed or clots
- Estimate blood loss (less than or more than a tbsp)
- History: Surgery date and time
- Consider inserting IV for history of bleeding
- Patient's with bleeding insert IV, obtain CBC, Coags, type and screen
- Reach out to ENT for awareness

Bleeding? Active Bleeding/ Clot

YES

NO

Post-Operative Pain/ Dehydration or Bleeding < 2 tbsp.

- ED management per standard of care
- PO challenge (start with clears)
- Pain control
- Consider ondansetron and/or dexamethasone
- IVF as appropriate

Discharge Criteria

- Clinically stable
- At least 2 hours of observation
- No active bleeding
- Tolerating orally

NO

Persistent Clot?

YES

ENT Reevaluation

- ENT to determine patient's disposition

History of Bleeding > 2 tbsp, without active bleeding in ED

Clot Visible?

NO

YES

- Nebulized TXA
- Consult ENT
- Observe in ED
- NPO for 2 hours, clears for 2 hours, then advance as tolerated
- IVF
- Pain Control

Active Bleeding?

NO

YES

Active Bleeding > 2 tbsp. and/or hematemesis

- Rapid assessment of airway
- Patient in resuscitation room
- TXA Nebulized (preferred) or IV
- **Urgent ENT consult**
- Prepare LMA /intubation
- Consider Anesthesia backup
- Lean patient forward if alert
- Consider transfusion as indicated[1]
- Prepare for potential OR admission

Transfer

- Transfer to Operating Room

Medications			
Medication	Route	Dose	Max per dose
Acetaminophen	PO/IV	15mg/kg *will dose standardize for NCH-DE	1,000 mg
Dexamethasone	PO/IV	0.5 mg/kg/dose	10 mg
Ibuprofen	PO	10 mg/kg *will dose standardize for NCH-DE	800 mg
Ondansetron	PO/IV	0.1 mg/kg/dose	4 mg
Tranexamic Acid	Nebulized	<25 kg: 250 mg ≥ 25 kg: 500 mg	<25 kg: 250 mg ≥ 25 kg: 500 mg
	IV	10 mg/kg x 1 dose	1,000 mg

VERSION MANAGEMENT

- Version 1.0 (6/30/2026): Go Live.

Questions about this pathway should be directed to **clinicalpathways@nemours.org**.

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