

PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 8

CARE OF THE CHILD WITH A SURGICAL CONDITION

8.4 CARE OF THE CHILD RELATED TO SPECIFIC PROCEDURES

8.4.5 MYRINGOPLASTY/TYMPANOPLASTY DISCHARGE CRITERIA (NURSING)

The child will be assessed by the allocated Nurse, in conjunction with the Shift Coordinator as being fit for discharge.^{1,2}

Criteria

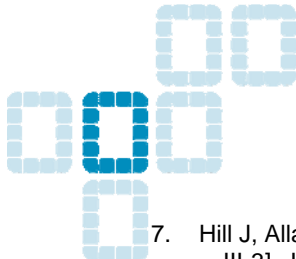
- The child will be observed postoperatively for a MINIMUM of:
 - Transcanal – 4 hours^{3,4}
 - Post auricular and Endaural – 6 hours^{4,5}
- Post anaesthetic observations will correlate with baseline observations.^{2,4}
- The child will be conscious and alert.^{4,6}
- There will be no evidence of bleeding or severe pain.^{3,4,5,7,8}
- The bandage will be removed prior to discharge or as per surgeons instructions.^{3,4}
- There will be no nausea and/or vomiting for 2 hours.⁴
- No IV opioids within 3 hours of discharge.⁴
- Fluids will be commenced and documented when given.^{4,5}
- The parent will have received both written and verbal discharge instructions from nursing staff.⁴
- The parent or guardian will be confident in caring for the child at home after the procedure.^{3,4-9}

References:

1. Health Service Executive & Office of the Nursing Service Director - Ireland. Guidelines for Nurse/Midwife Facilitated Discharge Planning UK [Expert opinion]. 2009. Available from: http://www.hse.ie/eng/services/Publications/corporate/NursingServices/Discharge_Planning.pdf?bcsi_scan_2C647EB3599034DE=BGzc/yO6/jU5LsmcXGmzEsvEilqSAAAAitPLNw==&bcsi_scan_filename=Discharge_Planning.pdf. Accessed: 26 May 2011.
2. Gibbons C. Nurse-Facilitated Discharge For Children And Their Families. Paediatric Nursing.22(1):14-18; 2010.
3. Karkanevatos A, Srinivasan VR, Roland MD & Lesser MS. Day-case myringoplasty: five year's experience [Level III-3]. J Laryngology & Otology.117(10):763-765; 2003.
4. Surgical Services Clinical Care Unit [ENT Consultant Group]. Discharge requirements for Tonsillectomy/Adenotonsillectomy patients [Expert opinion]. Perth: Otolaryngology Department, Princess Margaret Hospital for Children 2007.
5. Ryan C, Harris R, Hung T & Knight J. Paediatric day-stay myringoplasty: a review of 74 consecutive cases [Level III-3]. J Laryngology & Otology.116(11):899-902; 2002.
6. Benson-Mitchell R, Kenyon GS & Gardiner Q. Day stay myringoplasty. J Laryngology & Otology.110:421-424; 1996.

All protocols should be read in conjunction with the disclaimer in the preface of this manual

Myringoplasty/Tympanoplasty Discharge Criteria (Nursing)

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7. Hill J, Allan W, Malhan D & Williams ED. Pressure exerted by head bandages used in otological surgery [Level III-3]. J Laryngology & Otology.107:1110-1112; 1993.
 8. Rowlands RG, Harris R, Hern J & Knight JR. Major ear surgery in a paediatric day care unit [Level III-3]. J Laryngology & Otology.116(10):791-793; 2002.
 9. Tysome J & Padgham N. A comparative study of patient satisfaction with day case and in-patient major ear surgery [Level III-3]. Journal of Laryngology & Otology.120(8):670-675; 2006.

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Myringoplasty/Tympanoplasty Discharge Criteria (Nursing)
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Paediatric Nursing Practice Manual (PNPM)
Princess Margaret Hospital
Perth, Western Australia

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