

Thyroidectomy/Parathyroidectomy Pathway

Pre-op

- Make sure consent is signed, dated, and timed
- If patient is having only one thyroid lobe out, patient must be marked
- Orders needed: Order set: "Gen Surg thyroidectomy post-op"

	PARATHYROID	THYROID LOBECTOMY (UNLESS COMPLETION TOTAL)	TOTAL THYROID	TOTAL THYROID FOR HYPER/GRAVES	PEDIATRIC THYROID
TUMS (1000mg)-PACU	YES	No	YES	YES	YES
Calcium tabs post-op (see below)	YES, pts can take 1-2 tab TID x 1wk, then ½ the dose the second wk.	YES	YES	YES	YES
Ca+ Lab post-op Dot phrase: "ASUCalcium"- steal from Amy Taisey. Place this in the comment section of lab order	YES, draw in ASU just before pt is ready for dc. Patient does not need to wait for result.	NO	YES, draw in ASU just before pt is ready for dc. -Pts should be observed for 3 ^o prior to dc to check for bleeding.	YES, draw in ASU just before pt is ready for dc. - Also draw TSH in ASU, pt does not need to wait for result. -Pts should be observed for 3 ^o prior to dc to check for bleeding.	YES, draw in ASU just before pt is ready for dc. -Pts should be observed for 3 ^o prior to dc to check for bleeding.
Ca+ Lab as outpatient	YES, sometime within 1 wk of surgery when pt is able to get to lab. *put an order in epic for outpt Ca+ lab draw CC: MacGillivray. This prints on a normal sheet of paper and needs to be given to patient. -ok to draw in AM if pt staying OVN	NO	YES, sometime within 1 wk of surgery when pt is able to get to lab. *put an order in epic for outpt Ca+ lab draw CC: MacGillivray. This prints on a normal sheet of paper and needs to be given to patient. -ok to draw in AM if pt staying OVN	YES, sometime within 1 wk of surgery when pt is able to get to lab. *put an order in epic for outpt Ca+ lab draw CC: MacGillivray. This prints on a normal sheet of paper and needs to be given to patient. -ok to draw in AM if pt staying OVN	
Levothyroxine dose= 1.7 x kg If BMI >35: Mcg/kg/day = (-0.018 x BMI) +2.13	NO	NO	YES- start POD#1	Check TSH in ASU to establish baseline. Send pt with outpt lab order for TSH check in 1 wk CC: MacGillivray. Send them with script for levothyroxine with inst not to start until notified by Dr. MacGillivray's office.	*See below for dosing

Pain control at discharge:

- Encourage TyL, Ibuprofen, ice pack as first line
- Narcotics: Tramadol or Oxycodone #5-10, only as needed for break-through pain.

*Pediatric dosing for levothyroxine:

Age	Dose (mcg/kg/day)
0-3 months	10-15
4-6 months	8-10
7-12 months	6-8
1-5 years	5-6
6-12 years	4-5
> 12 years/puberty incomplete	2-3
> 12 years/puberty complete	1.7

Source: Pediatr Pharm © 2008 Children's Medical Center, University of Virginia

Calcium tablets:

- Patients are given a handout at their pre-op apt regarding calcium supplement options. In general, most patients will be d/c on Calcium Carbonate (TUMS, Viactiv, Os-Cal) 600mg/400IU Vit D 1-2 TABs TID for a total of 1500-2000mg/d.
- If hx gastric bypass, elderly pt, or on PPI preop needs Ca+ Citrate as this is better absorbed. Brand name Citracal 630 mg/ Vit D 1-2 Tabs TID for a total of ~ 3000mg/d. Not available in hospital, therefore use as outpatient.

Discharge instructions:

- Please use thyroidectomy specific discharge smart phrase: **.dcthyroid**. For med rec discharge order please enter dot phrase: **.asudc** in comment section.
 - For Graves disease pts, modify the levo description in the discharge instructions with **.levograves** (steal all dot phrases from Amy Taisey)

Follow up:

- Patients to see Dr. MacGillivray or APP 2 weeks post-operatively. Patients should know they may not see Mac at post-op visit. Follow up with Endocrinology/PCP will be arranged at their 2 wk PO visit.