

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"

	<u>PARATHYROID</u>	<u>THYROID LOBECTOMY (UNLESS COMPLETION TOTAL)</u>	<u>TOTAL THYROID</u>	<u>TOTAL THYROID FOR HYPER/GRAVES</u>	<u>PEDIATRIC THYROID</u>																		
TUMS (1000mg)-PACU	YES	YES	YES	YES	YES																		
Ca 600mg +Vit D- 1 tab TID*	YES	YES	YES	YES	YES																		
Ca+ lab 3 hrs post-op and in am*	YES	NO	YES	YES	YES																		
Levothyroxine dose= 1.7 x kg If BMI >35: Mcg/kg/day= (-0.018 x BMI) +2.13	NO	NO	YES- POD#1	Check TSH on POD#1. If normal, start. If <2, have them start Levothyroxine in 1 week. Give script.	<table border="1"> <thead> <tr> <th colspan="2">Medscape</th> </tr> <tr> <th>Age</th> <th>Dose (mcg/kg/day)</th> </tr> </thead> <tbody> <tr> <td>0-3 months</td> <td>10-15</td> </tr> <tr> <td>4-6 months</td> <td>8-10</td> </tr> <tr> <td>7-12 months</td> <td>6-8</td> </tr> <tr> <td>1-5 years</td> <td>5-6</td> </tr> <tr> <td>6-12 years</td> <td>4-5</td> </tr> <tr> <td>> 12 years/puberty incomplete</td> <td>2-3</td> </tr> <tr> <td>> 12 years/puberty complete</td> <td>1.7</td> </tr> </tbody> </table> <p><small>Source: Pediatr Pharm © 2008 Children's Medical Center, University of Virginia</small></p>	Medscape		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
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*If hx gastric bypass, needs Ca+ Citrate

*If d/c same day, put an order in epic for outpt Ca+ lab draw. This prints on a normal sheet of paper and needs to be given to patient.

- **Pain control at discharge:**
 - Encourage Tyl, Ibuprofen as first line
 - Oxycodone IR 5 mg PO Q4-6H, **#10**, only as needed for break-through pain.
- **Discharge instructions:**
 - Please use thyroidectomy specific discharge smart phrase: **.thyroiddc**
- **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.
 - Patients followed by Endo should generally be seen by their endocrinologist 4-6 weeks post-operatively

Managing post-op hypocalcemia:

- If initial post-op level is low:
 - Give: 1000 mg Calcium Carbonate PO
 - Increase Calcium 600 mg + Vitamin D; 2 tabs PO TID
- If subsequent post-op level remains low:
 - Give: 1000 mg Calcium Carbonate PO
 - Increase Calcium 600 mg + Vitamin D; 2 tabs PO QID
 - Consider ordering labs:
 - 25 Hydroxy Vitamin D
 - PTH
- If subsequent post-op levels remain low consider:
 - Addition of calcitriol
 - Addition of HCTZ
 - *Ask MacGillivray
- If critically low/persistently or severely symptomatic:
 - Calcium Gluconate IV