PHASE I (Clinic & Pre-Op)

Inclusion Criteria
- All initial cleft palate repair

Exclusion Criteria
- Previous palate repair

Cleft Lip Pathway

Isolated Cleft Palate

Initial Clinic Visit:
- Pediatrics
- Nursing
- Nutrition (+/-)
- Social Work

9 month Assessment

All Patients
- Pediatrics recheck; airway and feeding/other medical issues/development
- Speech
- Audiology
- Craniofacial RN
- Nutrition (+/-)
- Social Work

Cleft Lip & Palate (CLP)
- Otolaryngology (for ear tubes)

Isolated Cleft Palate (ICP)
- Otolaryngology (for cleft palate repair and ear tubes)

Ongoing Management Evaluation

Readyness Check

Ear tube plan certified

Pre Op Visit
- Surgeon
- Craniofacial RN
- Social Work (if needed)

Plan for OR (CLP)
- PLS surgical schedulers
- Craniofacial RN

Plan for OR (iCP)
- OTO Surgical schedulers
- Craniofacial RN

Phase Change

Off Pathway

Surgery NOT Indicated at this time
(i.e.: submucous cleft palate; medically contraindicated; severe developmental delay)

No
Reassess

Yes

Yes

Yes

For questions concerning this pathway, contact: cleftpalate@seattlechildrens.org
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Last Updated: August 2016
Next Expected Revision: March 2021
PHASE II (Surgical)

Inclusion Criteria
- All initial cleft palate repair

Exclusion Criteria
- Previous palate repair

Intra Operative Care

Anesthesiologist
- Steroids: dexamethasone
- Endotracheal Tube: cuffed straight tube
- Antibiotics: CeFAZolin pre-op
- Anesthesiologist to use morphine or HYDROMorphone
- Suction blood from stomach
- Exubation while patient is awake
- IV acetaminophen

Surgeon
- Lateral relaxing incision: hemostatic agent applied
- Tongue stitch: taped loosely to cheek
- Mittens: applied
- Post-op local anesthesia: Infiltration with 0.25% bupivacaine with EPINEPHrine

PACU
- 2 hour minimum stay to optimize analgesia and monitor airway
- Position: Side lying with head of bead elevated
- Parent Reunification: At the discretion of the PACU team
- Tongue stitch: Removal prior to discharge from PACU
- Feeding: No feeding within 1 hour of arrival to PACU. Feeding thereafter at the discretion of PACU
**Inclusion Criteria**
- All initial cleft palate repair

**Exclusion Criteria**
- Previous palate repair

**ICU (IF NEEDED)**
- Pre-planned (ex: clinical suspicion, history of difficult intubation, OSA, cardiac disease)
- Concerns/Re-intubation/kept intubated

**Surgical Unit Care**
- Nutrition: soft, non chew
- Liquids: bottle with soft nipple, infant trainer, spoon or syringe. No sippy cup with nozzle or pacifiers
- Alternating IV acetaminophen and ketorolac, transitioning to PO acetaminophen and ibuprofen with oxycodone/morphine breakthrough
- Mittens

**Discharge Criteria**
- Adequate PO intake (normal or improving input)
- Pain managed
- Adequate urine output with no IV
- Adequate airway

**Discharge Instructions**
- Diet: soft non chew
- Offer water after meals for cleaning
- Contact craniofacial clinic in case of poor feeding
- Hand precautions x 2 weeks
- Clinic follow up 1 month post op
- Alternating acetaminophen & ibuprofen with oxycodone breakthrough

**One Month Post Op Follow Up**
- Palate check by surgeon
- Ear tube check by OTO/ARNP
- Audiology (if tubes were placed)
- MA weight check; ask RN for verification

**Team Visit**
- 18 months of age (If repaired at later than 15 months visit can occur 3 months post op)
- Plastic Surgery (Future visits at 3 years and 5 years)
- Otolaryngology (Future visits yearly)
- Pediatrics (Future visits as determined by needs)
- Audiology (Future visits every 6 months)
- Speech evaluation (Future visits every 6-12 months)
- Social Work

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Approved by the CSW Cleft Palate team for the March 2, 2016 implementation.

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Retrieval Website: http://www.seattlechildrens.org/pdf/cleft-palate-pathway.pdf

Please cite as:
Evidence Ratings

This pathway was developed through local consensus based on published evidence and expert opinion as part of Clinical Standard Work at Seattle Children’s. Pathway teams include representatives from Medical, Subspecialty, and/or Surgical Services, Nursing, Pharmacy, Clinical Effectiveness, and other services as appropriate.

When possible, we used the GRADE method of rating evidence quality. Evidence is first assessed as to whether it is from randomized trial or cohort studies. The rating is then adjusted in the following manner (from: Guyatt G et al. J Clin Epidemiol. 2011;4:383-94.):

Quality ratings are **downgraded** if studies:
- Have serious limitations
- Have inconsistent results
- If evidence does not directly address clinical questions
- If estimates are imprecise OR
- If it is felt that there is substantial publication bias

Quality ratings are **upgraded** if it is felt that:
- The effect size is large
- If studies are designed in a way that confounding would likely underreport the magnitude of the effect OR
- If a dose-response gradient is evident

Guideline – Recommendation is from a published guideline that used methodology deemed acceptable by the team.

Expert Opinion – Our expert opinion is based on available evidence that does not meet GRADE criteria (for example, case-control studies).

**Quality of Evidence:**
- 🌟🌟🌟🌟 High quality
- 🌟🌟🌟 Moderate quality
- 🌟🌟 Low quality
- 🌟ΟΟΟ Very low quality

Guideline
Expert Opinion
Summary of Version Changes

- **Version 1.0 (3/2/2016):** Go live
- **Version 1.1 (8/25/2016):** Added Social Work visit to the 9 month visit and the Pre-Op visit for both the CLP and ICP.
Medical Disclaimer

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication.

However, in view of the possibility of human error or changes in medical sciences, neither the authors nor Seattle Children’s Healthcare System nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information.

Readers should confirm the information contained herein with other sources and are encouraged to consult with their health care provider before making any health care decision.
Studies were identified by searching electronic databases using search strategies developed and executed by a medical librarian, Susan Klawansky. Searches were performed in July and August, 2015. The following databases were searched – on the Ovid platform: Medline, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials – all 2005 to date; elsewhere – Embase (2005 to date), Clinical Evidence, National Guideline Clearinghouse, TRIP (2005 to date) and Cincinnati Children’s Evidence-Based Care Guidelines. Retrieval was limited to humans (any age) and English language. In Medline and Embase, appropriate Medical Subject Headings (MeSH) and Emtree headings were used respectively, along with text words, and the search strategy was adapted for other databases. Concepts searched were cleft palate and antibiotics, weight loss/gain, sleep studies, airway complications or steroids. All retrieval was further limited to certain evidence categories, such as relevant publication types, Clinical Queries, index terms for study types and other similar limits. Additional articles were identified by team members and added to results.

Flow diagram adapted from Moher D et al. BMJ 2009;339:bmj.b2535


