

Pectus Surgery Recovery Pathway

Please use this pathway each day to track your recovery!

Name:	CHI:
Date:	

Day 0 Date: _____	Pain Control	You will have a button for additional pain relief called a PCA which gives opioid medicine like morphine and may be helpful for movement. Be mindful of sedation with opioids. If requiring frequent presses you may need an extra pain team review Please take regular oral pain relief – do not refuse! Please use the pain scale to rate your pain at: Rest: _____ Completing Breathing Exercises: _____ Moving in bed: _____
	Eat & Drink	<input type="checkbox"/> Following your surgery start eating and drinking once you feel able <input type="checkbox"/> Morphine can cause constipation so ensure you are prescribed regular laxatives.
	Breathe Deeply	Use Incentive Spirometry every hour once awake (10 breaths each set) to help get more air into your lungs. Value achieved: _____ml <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	Be Active	Ensure awareness of precautions following surgery. Keep your legs moving in bed to help your circulation - moving your toes, ankles and bending up your knees will help. If you are able to sit up out of bed the Physiotherapists or Nurses will help you.
	Skin Checks	Check skin on heels and bottom morning and night for any redness or bruising Morning <input type="checkbox"/> Night <input type="checkbox"/>



Name:	CHI:
Date:	

Day 1 Date: <hr/>	Pain Control	<p>You will have a button for additional pain relief called a PCA which gives opioid medication and may be helpful for movement.</p> <p>Be mindful of sedation with opioid. If requiring frequent presses you may need an extra pain team review</p> <p>Please take regular oral pain relief – do not refuse!</p> <p>Please use the pain scale to rate your pain at:</p> <p>Rest: _____</p> <p>Completing Breathing Exercises: _____</p> <p>Moving in bed: _____</p>
	Eat & Drink	<p>Start eating and drinking</p> <p>Laxatives taken if required</p> <p>Bowels open Yes / No</p>
	Breathe Deeply	<p>Use Incentive Spirometry every hour once awake (10 breaths each set)</p> <p>Value achieved: _____ ml</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p>
	Be Active	<p>Ensure awareness of precautions following surgery.</p> <p>Get out of bed and up to chair with Physiotherapist / Nurse on 2 occasions and try to stay up for about 1 hour <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Start gentle arm and posture exercises with Physiotherapist on 2 occasions <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
	Skin Checks	<p>Check skin on heels and bottom morning and night for any redness or bruising Morning <input type="checkbox"/> Night <input type="checkbox"/></p>



Name:	CHI:
Date:	

Day 2 Date: <hr/>	Pain Control	<p>The Pain team will review and adjust analgesia as necessary Use PCA opioid bolus as needed for breakthrough pain and prior to physiotherapy/movement etc Be mindful of sedation with opioids. If requiring frequent presses you may need an extra pain team review Regular oral pain relief – do not refuse! Please use the pain scale to rate your pain at:</p> <p>Rest: _____ Completing Breathing Exercises: _____ Moving in bed: _____</p>
	Eat & Drink	<p>Following your surgery start eating and drinking Laxatives taken if required Bowels open Yes / No</p>
	Breathe Deeply	<p>Use Incentive Spirometry every hour once awake (10 breaths each set)</p> <p>Value achieved: _____ ml</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p>
	Be Active	<p>Practice getting up and back into bed with minimal help Aim to remain up out of bed Walk to the toilet or around your room on 3 occasions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Continue gentle arm and posture exercises on 3 occasions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
	Skin Checks	<p>Check skin on heels and bottom morning and night for any redness or bruising. Morning <input type="checkbox"/> Night <input type="checkbox"/></p>
	Wound Check	<p>Dressings changed by ward nurses <input type="checkbox"/> Aim to have a shower today.</p>



Name:	CHI:
Date:	

Day 3 Date: <hr/>	Pain Control	<p>The Pain team will review and adjust analgesia as necessary Your opioid PCA may be stopped today but do not worry if you still need to use it for another few days for help with physiotherapy/ movement etc. The pain team will have a plan for pain relief specific to your needs. Regular oral pain relief – do not refuse! Please use the pain scale to rate your pain at:</p> <p>Rest: _____ Completing Breathing Exercises: _____ Moving in bed: _____</p>
	Eat & Drink	<p>Laxatives taken if required Bowels open Yes / No Ensure eating and drinking</p>
	Breathe Deeply	<p>Use Incentive Spirometry every hour once awake (10 breaths each set)</p> <p>Value achieved: _____ ml</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p>
	Be Active	<p>Aim to remain up out of bed Practice getting up and back into bed with minimal help Walk a short distance along the corridor with supervision on 3 occasions</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Continue gentle arm and posture exercises on 3 occasions</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
	Skin Checks	<p>Check skin on heels and bottom morning and night for any redness or bruising Morning <input type="checkbox"/> Night <input type="checkbox"/></p>



Name:	CHI:
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Day 4 Date: <hr/>	Pain Control	When your PCA stops you will be started on strong pain relief which you must take. Also continue with existing oral pain relief Pain team will continue to review regularly Please use the pain scale to rate your pain at: Rest: _____ Completing Breathing Exercises: _____ Moving in bed: _____
	Eat & Drink	Laxatives taken if required Bowels open Yes / No Ensure eating and drinking
	Breathe Deeply	Use Incentive Spirometry every hour once awake (10 breaths each set) Value achieved: _____ ml <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	Be Active	Aim to remain up out of bed Practice getting up and back into bed independently Walk along the corridor with supervision on 3 occasions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Continue gentle arm and posture exercises on 3 occasions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Skin Checks	Check skin on heels and bottom morning and night for any redness or bruising Morning <input type="checkbox"/> Night <input type="checkbox"/> Aim to have a shower today.
	Plan	<input type="checkbox"/> Start to think about going home and note down any queries.

Please continue as guided by Day 4 until you reach your discharge day



Name:	CHI:
Date:	

Day 5 Date: _____	Pain Control	<input type="checkbox"/> Pain team plan in place for discharge pain medication and pain management follow up. Please use the pain scale to rate your pain at: Rest: _____ Completing Breathing Exercises: _____ Moving in bed: _____
	Eat & Drink	Laxatives taken if required Bowels open Yes / No Ensure eating and drinking
	Breathe Deeply	Use Incentive Spirometry every hour once awake (10 breaths each set) Value achieved: _____ml <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	Be Active	Aim to remain up out of bed Regular walks around the ward with supervision if still required Continue arm and posture exercises on 3 occasions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Stair Practice with Physiotherapist
	Skin Checks	Check skin on heels and bottom morning and night for any redness or bruising. Morning <input type="checkbox"/> Night <input type="checkbox"/>
	Wound Check	Wounds to be checked by ward nurse If wounds OK no dressing to be applied If nurse thinks a dressing is needed this will be applied and you will be referred to community nurses for wound checks after discharge home. You should aim to shower at least every other day.
	Plan	You should be ready to go home soon! <input type="checkbox"/> Ask staff any questions you have before discharge <input type="checkbox"/> Ensure you are confident with your home exercise program <input type="checkbox"/> Ensure you are confident regarding post-op precautions for going home


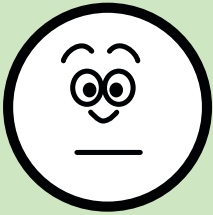


*****DO NOT DISCARD*****

Please give to Physiotherapy Staff on discharge to file.



Use the following pain score to complete the pain control sections.

Pain Assessment for Children and Young People

	No Pain	Mild Pain	Moderate Pain	Severe Pain
Faces Scale Score				
Ladder Score	0	1-3	4-6	7-10

Please feel free to use this space for any notes or comments.

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Acknowledgement:

Pathway shared and adapted with kind permission from Chest Wall Deformity Center of Cincinnati.



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