Royal Cornwall Hospitals
NHS Trust

Paediatric Obstructive Sleep Apnoea and Adenotonsillectomy Clinical Guideline

V4.0

August 2024

1. Aim/Purpose of this Guideline

1.1. This updated guideline has been written in conjunction with ENT, Paediatrics, and Anaesthetics in RCHT. It aims to provide a comprehensive framework for surgical management of a paediatric patient with symptoms of obstructive sleep apnoea (OSA), sleep disordered breathing and/or recurrent tonsillitis. It includes initial clinical assessment in ENT clinic, through to elective perioperative management, as well as emergency postoperative complications including a post-tonsillectomy bleed.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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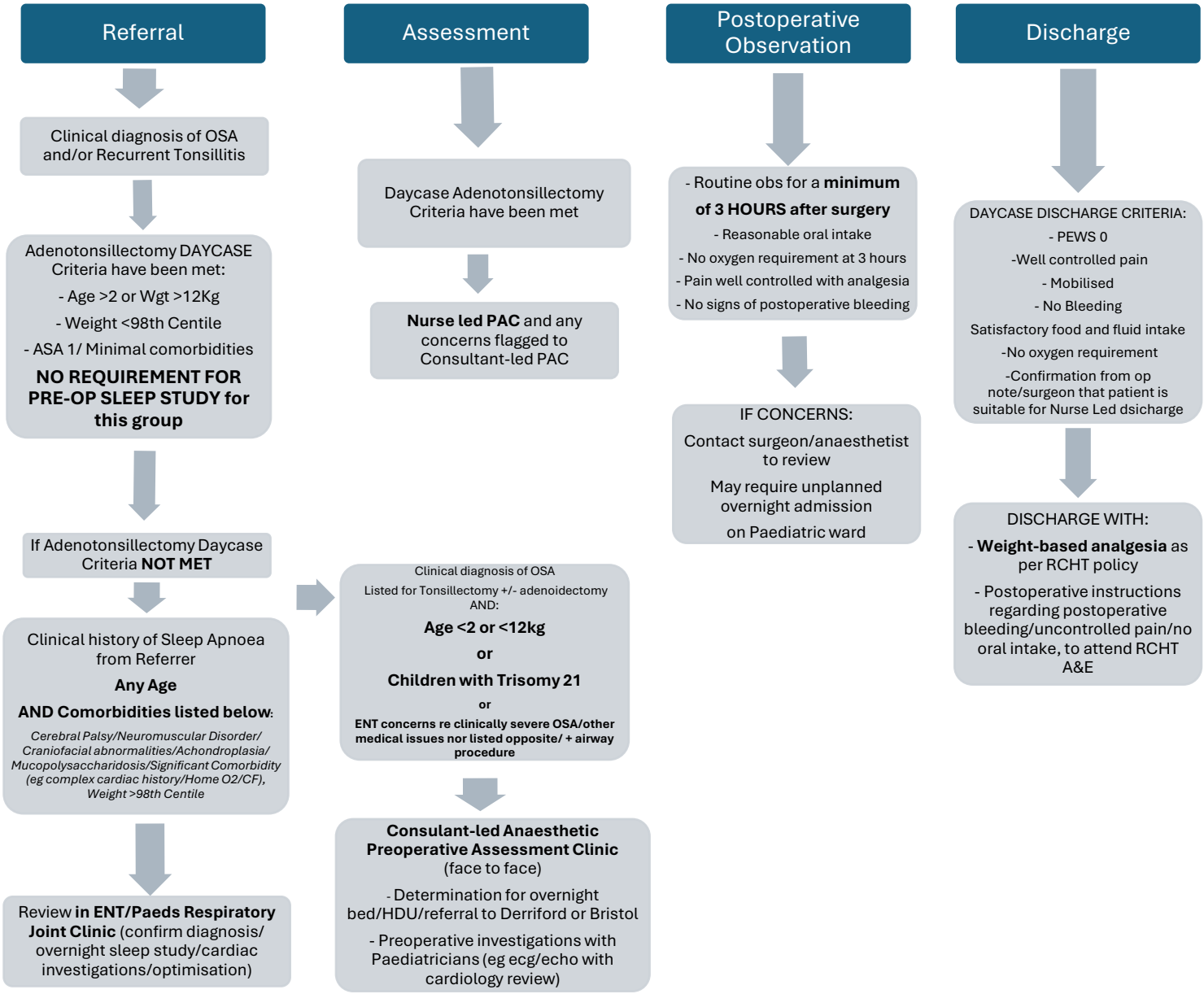
2. The Guidance

2.1. This guideline exists in conjunction with the Paediatric Emergency Airway guideline, which also emphasises early communication between Anaesthetics, ENT, Critical Care, Emergency Department and Paediatrics if a patient presents with a compromised airway for any reason (including a post-tonsillectomy bleed).

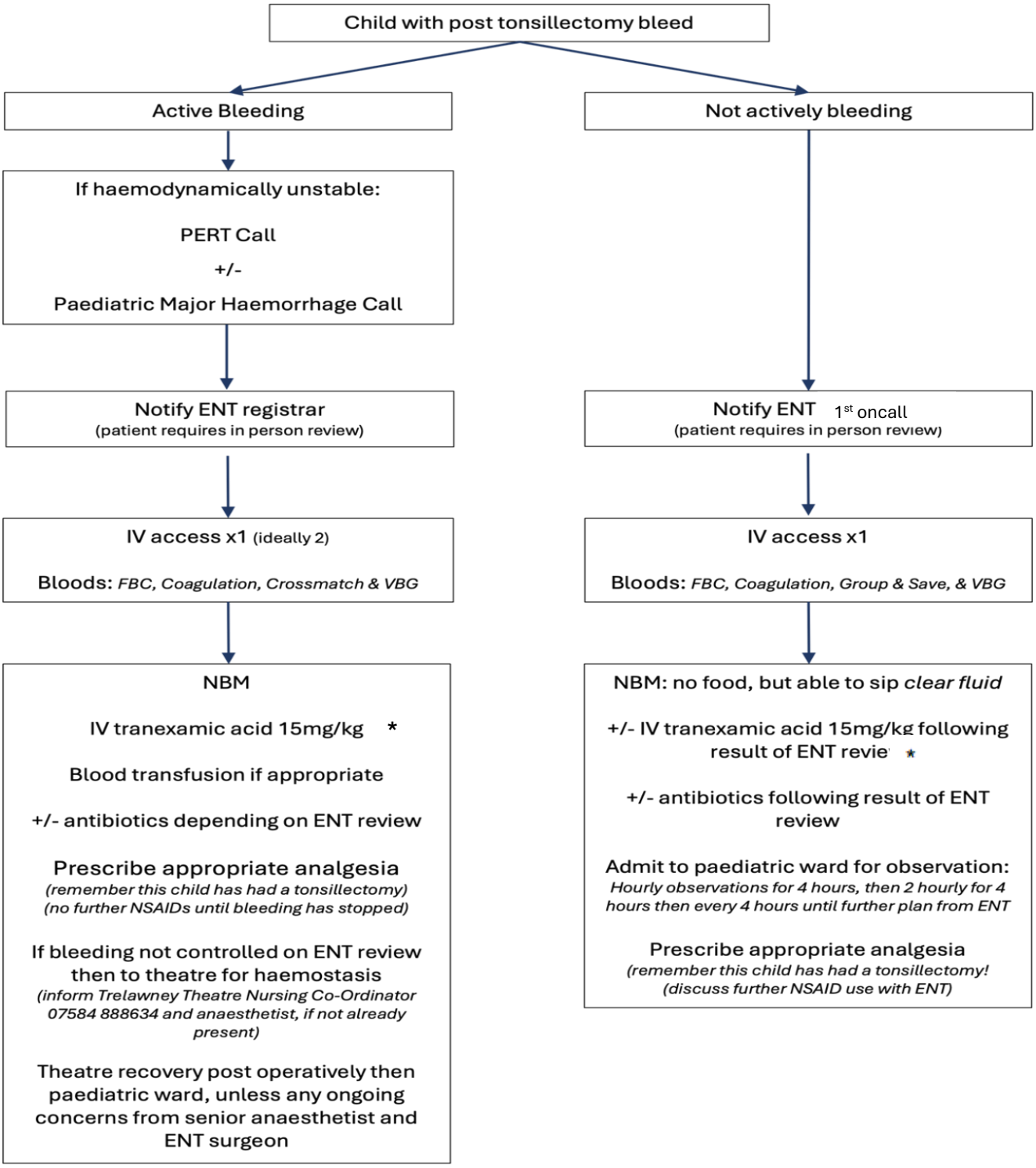
2.2. This guideline has been written in line with Regional (South West Surgery in Children ENT Operational Delivery Network) and National guidelines (BAPO, see Appendix 2) for managing children with OSA undergoing adeno/tonsillectomy.

2.3. This guideline refers to children having bilateral tonsillectomy alone or a combination of adenoidectomy and tonsillectomy (and other combined ENT procedures, eg Grommet insertion). This may be for the indication of OSA/sleep disordered breathing symptoms and/or recurrent tonsillitis.

2.4. Surgical Management of Paediatric OSA/Recurrent Tonsillitis



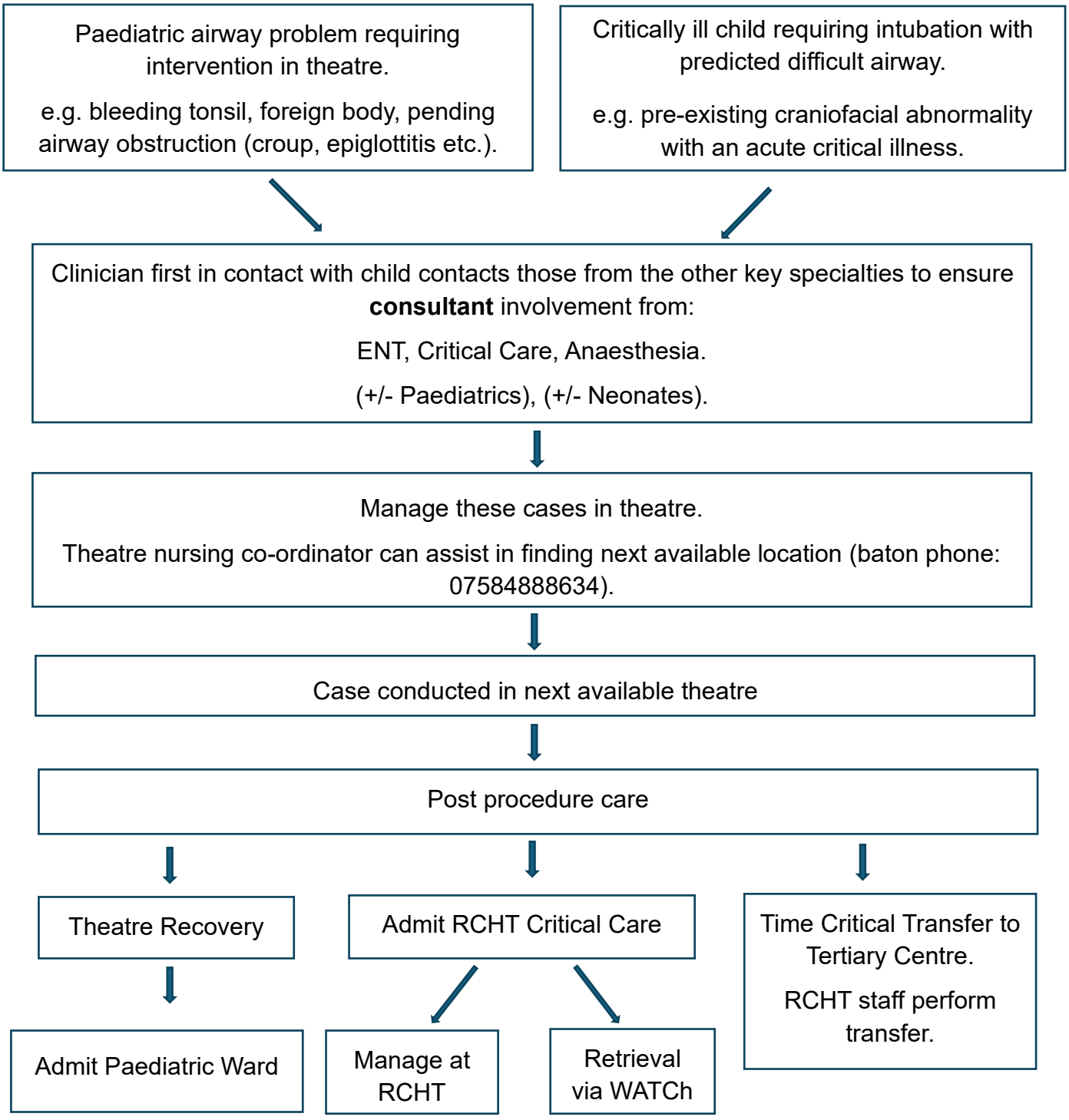
2.5. Post-Tonsillectomy Bleed Management Flowchart



* note that IV Tranexamic Acid is contraindicated in children with a history of seizures but CAN be given in an emergency with PRN rescue seizure medication prescribed.

Additionally, please inform ENT registrar of all children readmitted <14 days post tonsillectomy irrespective of reason of admission.

2.6. For reference from RCHT Paediatric Emergency Airways Guideline



No longer mandated that all post tonsillectomy bleeds are admitted to RCHT critical care.

Non-theatre locations lack ENT surgical instruments but Paediatric HDU and ED Resus have matching paediatric resuscitation trollies and anaesthetic equipment for management/stabilisation in extremis.

This guideline does **not** cover the unexpected paediatric difficult airway post induction of anaesthesia.

2.7. Useful Contacts:

Person/Location	Direct Dial	RCHT Extension
Trelawney Nursing co-ordinator baton phone	07584 888634	
ENT On Call Consultant	Mobile via switch	
CEPOD Anaesthetist baton phone (0800-2000)	07979 707573	
Night On-call Consultant Anaesthetist (2000-0800)	Mobile via switch	
ODP co-ordinator baton phone	07771 814516	
Emergency Floor Anaesthetist (EFA) (Mon-Fri; 0800-1800)	07867 201837	
Theatre 1. “Elective Paediatric Theatre”	01872 252234	x2234
Theatre 6. “Trauma Theatre”	01872 252250	x2250
Theatre 12. “Adult ENT Theatre”	01872 253923	x3923
Blood Transfusion:	01872 252500. Out of hours via on call bleep	x2500. Out of hours via on call bleep
WATCh. Wales and West Acute Transport for Children	0300 0300 789	

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Audit of clinical presentation.
Lead	Paediatric ENT and Paediatric Anaesthesia Sub-specialty Leads.
Tool	Periodic audit of electronic notes.
Frequency	Every 12 months.
Reporting arrangements	Report to ENT and Anaesthetic Governance Meeting and reporting to peninsular Surgery in Children network.
Acting on recommendations and Lead(s)	Mrs Aileen Lambert, ENT Consultant. Dr Thomas Bevir, Anaesthetic Consultant.
Change in practice and lessons to be shared	Paediatric ENT lead will take changes forward when relevant and shared learning will be shared with all relevant stakeholders including Anaesthesia, Paediatrics, Critical Care, Emergency Department, Theatres and Recovery.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Paediatric Obstructive Sleep Apnoea and Adenotonsillectomy Clinical Guideline V4.0
This document replaces (exact title of previous version):	Paediatric Obstructive Sleep Apnoea Clinical Guideline V3.0
Date Issued/Approved:	May 2024
Date Valid From:	August 2024
Date Valid To:	August 2027
Directorate / Department responsible (author/owner):	Mrs Aileen Lambert, ENT Consultant
Contact details:	01872 254901
Brief summary of contents:	Pathway for pre-, peri- and postoperative management of paediatric patients presenting with Obstructive sleep apnoea symptoms requiring surgery.
Suggested Keywords:	Obstructive Sleep Apnoea, Sleep-disordered breathing, Tonsillectomy, Sleep study, Adenotonsillectomy, Post-tonsillectomy bleed, Arrest of tonsillar haemorrhage.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	ENT Surgery
Manager confirming approval processes:	Clare Pitt
Name of Governance Lead confirming consultation and ratification:	James Masters
Links to key external standards:	Reference/link for British Association of Paediatric Otolaryngology 2024 Consensus Guideline for Day case Adenotonsillectomy. https://www.entuk.org/_userfiles/pages/files/day_cas

Information Category	Detailed Information
	e_paediatric_adenotonsillectomy_consensus_guidelines.pdf
Related Documents:	RCHT Paediatric Airway Emergencies Clinical Guideline BAPO 2024 Guideline (Appendix 2).
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Anaesthetics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
18 December 2012	V1.0	Initial Issue	Dr Georgia Brooker Consultant Anaesthetist
15 July 2016	V2.0	Reviewed, and Template updated.	Dr Georgia Brooker Consultant Anaesthetist
07 December 2020	V3.0	Reviewed, and Template updated.	Dr Georgia Brooker Consultant Anaesthetist
July 2024	V4.0	Updated to reflect national changes, streamline management of daycase tonsillectomy, and provide post operative elective and emergency guidance.	Mrs Aileen Lambert, Dr Thomas Bevir, Dr Rachel Nicholls, ENT Consultants.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Paediatric Obstructive Sleep Apnoea and Adenotonsillectomy Clinical Guideline V4.0
Directorate and service area:	Anaesthetics, Critical Care and Theatres
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Mrs Aileen Lambert, ENT Consultant
Contact details:	01872 254901

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This is pathway to guide assessment and management of paediatric patients presenting Obstructive Sleep Apnoea symptoms, proceeding to surgery with tonsillectomy +/- adenoidectomy.
2. Policy Objectives	To ensure that paediatric patients are adequately assessed prior to surgery by the most appropriate service, to improve perioperative safety and efficiency. Also to ensure that postoperative bleeding complications are managed safely by the appropriate teams in RCHT.
3. Policy Intended Outcomes	To ensure that paediatric patients within RCHT have standardised preoperative assessment in line with National Guidance. Improve the quality, continuity and coordination of care for the patient by a multidisciplinary team and reduce the risks associated with incorrect management.

Information Category	Detailed Information
4. How will you measure each outcome?	As per audit schedule within the policy.
5. Who is intended to benefit from the policy?	Paediatric patients with symptoms of Obstructive Sleep Apnoea presenting to ENT Surgery.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Representatives from ENT, Anaesthesia, Paediatric Critical Care and Paediatrics.
6c. What was the outcome of the consultation?	Approved update of the existing guideline.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Mrs Aileen Lambert, ENT Consultant.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis