Ochsner Pediatric Pathways

Post-Op T&A Hemorrhage

Inclusion Criteria

- Tonsillectomy ≤ 28 days ago
- Observed or reported bleeding from the tonsillar fossa **OR** hemoptysis **OR** hematemesis

Exclusion Criteria

- Known coagulopathy
- Craniofacial / airway abnormality

*(*If either of above in the setting of recent tonsillectomy, consult ENT immediately*)*

Bleeding can occur both <24 hours post-op (primary), and up to 21 days post-op as eschar falls off (secondary)

Active bleeding in the ED?

If not at Main Campus, consider transfer once stabilized - Patient Flow Center at (504) 842-3213

Yes

- Contact ENT immediately on arrival
- Obtain IV access, NPO
- Labs: CBC, PT/PTT, type and screen, fibrinogen
- IV fluid resuscitation as necessary
- Inhaled tranexamic acid (TXA)**
  - Dose (use IV formulation):
    - ≤ 25 kg: 250 mg nebulized
    - > 25 kg: 500 mg nebulized

** *Inhaled TXA should NOT delay or alter definitive care*

No

- Consult ENT
- Obtain IV access, NPO
- Labs: CBC, PT/PTT, type and screen, add BMP if concern for dehydration
- IV fluids as indicated
- Treat pain as necessary, avoid NSAIDs

Bleeding stopped

Admit to ENT

Worsened bleeding and/or hemodynamic instability while awaiting ENT arrival?

Yes

- Move to the resuscitation bay
- Call Anesthesia to prepare for emergent operative intervention
- Additional IVF, consider vasopressors
- Prepare PRBC transfusion
- Additional inhaled tranexamic acid (TXA)

Operative Intervention

No

*** FOR DEHYDRATION or PAIN WITHOUT BLEEDING ***

- IV access, CBC, BMP
- IV fluid resuscitation and maintenance IV fluids as indicated
- Dexamethasone IV/PO at 0.5 mg/kg (max dose 12 mg)
- PO/IV analgesia, avoid NSAIDs
- Disposition: Pending adequate hydration/PO intake + parental comfort
- ENT consult if admission is necessary

References:

1. Mitchell RB, Archer SM, Ishman SL, Rosenfeld RM, Coles S, Finestone SA, Friedman NR, Giordano T, Hildrew DM, Kim TW, Lloyd RM, Parikh SR, Shulman ST, Walner DL, Walsh SA, Nnacheta LC. Clinical Practice Guideline: Tonsillectomy in Children (Update)-Executive Summary. Otolaryngol Head Neck Surg. 2019 Feb;160(2):187-205. doi: 10.1177/0194599818807917. PMID: 30921525.
2. Dermendjieva M, Gopalsami A, Glennon N, Torbati S. Nebulized Tranexamic Acid in Secondary Post-Tonsillectomy Hemorrhage: Case Series and Review of the Literature. Clin Pract Cases Emerg Med. 2021 Aug;5(3):1-7. doi: 10.5811/cpcem.2021.5.52549. PMID: 34437029; PMCID: PMC8373187.
3. Isaacson G. Tonsillectomy care for the pediatrician. Pediatrics. 2012 Aug;130(2):324-34. doi: 10.1542/peds.2011-3857. Epub 2012 Jul 2. PMID: 22753552.
4. Sethi HK, Lafferty D, Tong JY. Predictive clinical exam findings in post-tonsillectomy hemorrhage. Int J Pediatr Otorhinolaryngol. 2021 May;144:110671. doi: 10.1016/j.ijporl.2021.110671. Epub 2021 Mar 11. PMID: 33730604.
5. Arora R, Saraiya S, Niu X, Thomas RL. Post tonsillectomy hemorrhage: who needs intervention? Int J Pediatr Otorhinolaryngol. 2015 Feb;79(2):165-9. doi: 10.1016/j.ijporl.2014.11.034. Epub 2014 Dec 8. PMID: 25547960.

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