



¹If the child meets the following criteria, please alert the Medical Emergency Team (MET) as appropriate:

- 1) SBP <70 mmHg and/or Hgb <6 mg/dL (in PACU)
 - Notify NSG immediately
 - Transfer to PICU if SBP <70 mmHg
 - Transfuse pRBC (<25 cc/kg, unless indicated per hospital policy)
 - Recheck CBC 2-4hrs post-transfusion
 - Continuous CV monitoring and q2-4hr vitals for 12 hours post pRBC transfusion
- 2) HR >160 bpm and/or UOP <1 ml/kg/hr (first criteria not present)
 - 10 ml/kg 0.9% NS bolus and observe for improvement
 - Notify Neurosurgery if no improvement
- 3) HR >160 bpm and UOP >1 ml/kg/hr (first criteria not present)
 - Acetaminophen 12.5-15 mg/kg/dose x1 and observe for improvement
 - Consider 5 ml/kg 0.9% NS bolus
 - Notify Neurosurgery if no improvement

²Consider Acute Kidney Injury (AKI) based on the following criteria:

- Increase in serum creatinine by 1.5-1.9 times baseline within the prior seven days, or
- Increase in serum creatinine by ≥0.3 mg/dL from baseline (≥26.5 μmol/L) within 48 hours, or
- For those with unknown creatinine, an eGFR <90 ml/min/1.73m²

Discharge Criteria:

Afebrile x24 hrs, vitals stable, good pain management on oral pain regimen, tolerating diet, bowel movement, improved periorbital swelling (and at least one eye open), follow up appointment with orthotics made (for cranial orthosis measurements, production, delivery and teaching)

Discharge Instructions:

- Call 911 for life-threatening emergencies.
- Call Neurosurgery at 860-545-8373 if any of the following: fever ≥101.5° F, redness, swelling, any drainage (monitoring for infection or CSF leak), poor wound healing, increased pain, increased swelling, poor oral intake, vomiting, changes in bowel/bladder function, changes in fontanelle, increased sleepiness, or with any other questions or concerns.