Clinical Care Pathway for BRAIN TUMOURS in Childhood.

Pre operation Page 2

Admitted to PICU

Admitted to Neurosciences Ward

Neurosurgical clerking, clinical assessment and stabilisation
Consider starting IV Dexamethasone + Ranitidine

Blood tests: Urgent FBC, Na, K, Ca, Mg, Urea, Glucose, coagulation profile
Cross match 2 units of blood [or more if advised by neurosurgeon]

Scans: Preoperative MRI head and full spine

Neurosurgical team to discuss with on-call Anaesthetist
Neurosurgeon to consider emergency procedure to relieve pressure
Consultant Neurosurgeon to formulate definitive surgery plan
Inform patient & parents and take consent
Document in case notes/Electronic Records

CNS Paediatric Neurosciences or Neurosurgeon to inform RMH
Neurooncologist and image link scans if possible
Allow child to eat and drink if no imminent surgery by NS

Authors: Kings College NHS Trust and St George’s NHS Trust Feb 2015, Dr P Subramaniam
Approved by Mr C Chandler, Mr S Stapleton Children’s Neurosciences Network Group
Clinical Care Pathway for BRAIN TUMOURS in Childhood.

- 3 -

Day of operation

Definitive surgery to tumour, record of operation and Any urgent cytology/histopathology results recorded in case notes/electronic records in theatre

Aim for a post-operative MRI under the same anaesthetic as the surgery or within 48 hours

Child returns to PICU /Neurosciences ward as determined by Neurosurgeon and PICU staff

Post op investigations: FBC, U&Es, LFTs [coagulation profile if pre op abnormal] CRP, Blood culture if febrile

Respiratory support on PICU as needed I-V fluid, strict fluid balance, hourly neurological observations, pain score and pain relief, transfuse if Hb <8.0

If on PICU, weaning of respiratory support, IV fluids, pain relief
Post operative assessment of neurological status
Involve Paediatric neurology team if concerns
Transfer to Neurosciences ward once stable after 24-48 hours
Follow SGH/KCH post craniotomy care plan on transfer

MRI Scans to be sent to RMH by CNS Paediatric Neurosciences/Neurosurgical team

Authors: Kings College NHS Trust and St George’s NHS Trust Feb 2015, Dr P Subramaniam
Approved by Mr C Chandler, Mr S Stapleton Children’s Neurosciences Network Group
Clinical Care Pathway for BRAIN TUMOURS in Childhood.

Post-Operative days

Weaning of pain relief, I-V fluids, Consider weaning Dexamethasone
Follow SGH/KCH post craniotomy care plan on Neurosciences ward

Liaise with Physiotherapy, OT, SALT and Neuropsychology, play
therapy teams re mobilisation, feeding and communication
MDT meeting with therapy team arranged by CNS Paediatric
Neurosciences and Neurosurgeon

Neurosurgical team to obtain formal Histology result from Pathology
department

Consultant Neurosurgeon to liaise with Neuro-oncology staff at
RMH and local team, then advise patient and parents of results and
plans in presence of CNS Paediatric Neurosciences –
Child psychology service to offer support to child and parents

CNS Paediatric Neurosciences to arrange date for parents and patient
to attend RMH to discuss adjuvant treatment if needed or surveillance
if no further treatment needed
Liaise with Neurosurgeon as to whether child needs to remain for
further surgery
When surgery complete: - Designated doctor to prepare discharge
summary

Immediate adjuvant therapy advised

Adjuvant therapy advised but not immediate

No adjuvant therapy advised

Liaise with Paediatric surgeons re immediate Hickman line [or portacath]
if Chemotherapy advised

Child transfers from Neurosciences Ward to RMH
directly when clinical condition allows and bed available

Child transfers to local hospital or home
dependent on condition
Clinical Care Pathway for BRAIN TUMOURS in Childhood.

Discharge checklist

- Multidisciplinary meeting on Neurosciences ward [Neurosurgeon, therapy team, psychologist, CNS Paediatric Neurosciences]
  - Formulate care plan for follow-up.

- Staff nurse on Neurosciences ward to inform Community Nursing Team of child’s transfer or discharge if required.

- Physiotherapy, Occupational therapy & SALT advise their local counterparts or RMH staff of child’s current status and therapy needs.

- Neurosciences ward SHO/Neurosurgical SHO to prepare detailed discharge summary to accompany child
  - Copies to RMH staff, local paediatrician, GP and parents, neurosurgeons, CNS and case notes.

- Follow up with Neurosurgeons at SGH/KCH arranged prior to discharge
  - Parents/carers given a detailed discharge summary and patient information leaflets.

- CNS Paediatric Neurosciences at SGH/KCH to ensure that F/U is booked either in benign brain tumour clinic or at the RMH.