

Family Education Sheet

Home Care Instructions after a Tonsillectomy and Adenoidectomy



Boston Children's Hospital

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This packet will help you care for your child at home after their surgery. It is important that you read this entire sheet. Please follow the specific recommendations from your child's doctor.

Contact us

- **Monday–Friday, 8 am–4:30 pm:** Call the ORL Nursing line at (617) 355-7147.
- **Nights and weekends:** Call the hospital's page operator at (617) 355-6369 and ask to page the ORL resident on call.
- **During the first night after the surgery,** call Boston Children's Post-Anesthesia Care Unit (PACU) at (617) 355-7735. This line is answered 24-hours-a-day by a nurse.

When should I call the doctor?

Call us if your child has:

- An upset stomach or vomiting (throwing up) that lasts 3 hours or more
- A fever higher than 101.5°F/38.6°C
- Not had any liquids to drink
- More sleepiness than usual
- Neck stiffness that doesn't get better with pain medicine or keeps your child from normal daily activities

Please call us with any questions or concerns.

Notes:

What should my child eat and drink?

Drinking a lot of fluids is very important!

- Give your child anything they want to drink, especially water, apple juice, Gatorade® or milk.
- It may be comforting for your child to limit citrus juices, like orange or grapefruit juice. You can also dilute citrus juice drinks with water.
- Every day, your child should drink:
 - Age 0–2 years: 16 ounces a day
 - Age 2–4 years: 24 ounces a day
 - Age 4 years and older: 32 ounces a day
- It's OK for your child to use a straw.
- Your child may only eat soft foods for **2 weeks**. Examples are pasta, mashed potatoes, pudding, pancakes and scrambled eggs. They can also have milk and ice cream. Avoid crunchy foods.
- Your child may go back to their usual diet after 2 weeks.

What should I do if there is bleeding?

Your child needs to be seen by a medical provider right away if they have any bleeding from their mouth.

- **If your child is actively bleeding** from their mouth, stay calm and help your child to stay calm. Take these steps:
 - **If your driving distance is less than 30-45 minutes,** go to Boston Children's Hospital's Emergency Department (300 Longwood Ave., Boston, MA).
 - **If your driving distance is more than 30-45 minutes,** go to your local Emergency Department. Ask the staff there to page the Boston Children's ORL resident on call to help with care.
- If you see old blood (like a spot on the pillow when your child wakes up), but your child doesn't have actively bleeding, call us right away.
- Talk with your child's surgeon about the need to change your child's diet, activity and travel due to bleeding.
- Please call us if your child is admitted to another hospital for problems after surgery.

How should I care for my child's mouth and throat?

- Bad breath is normal and can last for up to 2 weeks after surgery.
- It's important to encourage your child to drink a lot of fluids.
- Don't give your child mouth rinses (like Scope or Listerine®). They may bother the back of their throat.
- Brush your child's teeth as usual.
- You may see white patches in your child's throat (where the tonsils were). This is normal and usually goes away in a couple of weeks.
- It may be uncomfortable when your child clears their throat, cries and coughs. Try to comfort your child when this happens.

When can my child return to school and activities?

- Your child will need to stay home and out of school/daycare for **2 weeks**.
- They can't play any sports or do physical activities for **2 weeks**.
- Don't let your child go anywhere farther than 30–45 minutes from an emergency room.
- Wait 2 weeks before allowing your child to:
 - Spend the night at a friend or relative's home
 - Travel by airplane or train, go camping or do other activities that may make it hard to get to a hospital quickly
- Tell your child's school nurse and caregivers about the operation. Give them a copy of this Family Education Sheet.

Will my child have a fever?

- Check their temperature if your child feels warm.
- If your child has a fever, you can give acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®). Please see to dosing information on the next pages.
- A fever of up to 101.5°F/38.6°C is normal for 2–3 days after surgery. **If your child has a fever higher than 101.5°F/38.6°C, please contact us.**

Will my child be in pain?

Your child will have throat pain after surgery and may last up to 14 days. Pain may vary day by day. Pain usually gets **worse** around the 5th–7th day after surgery. This is expected.

- It may be hard for your child to swallow. Drinking fluids can help alleviate the pain.
- Your child may have ear pain. This is normal and not a cause for concern.
- **Pain medicines will help improve the pain but will not get rid of all the pain.**
- Your child will take acetaminophen and ibuprofen for pain. Dosing is specific for your child's surgery, and may be different from the dose you are used to. Instructions are on the next page.

This Family Education Sheet is available in [Arabic](#) and [Spanish](#)



What are acetaminophen and ibuprofen?

Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) are medicines that **treat pain** and **fevers**. Ibuprofen also helps with inflammation (swelling and redness).

- Acetaminophen comes as liquid, chewable tablet, pill form and rectal suppository.
- Ibuprofen comes as a liquid (infant and pediatric forms), chewable tablet or pill form.
- You can buy acetaminophen and ibuprofen in a drugstore. You don't need a prescription.

Where do I get them?

You can buy acetaminophen and ibuprofen in a drugstore. You don't need a prescription.

How do I give my child these medicines?

- You need to alternate doses of acetaminophen and ibuprofen every 3 hours.
Important: This means that **your child gets acetaminophen every 6 hours and ibuprofen every 6 hours.**
- You should give these doses regularly. This includes throughout the night.
- Many children need the medicine regularly for multiple days. You may decrease how often you give the medicine if your child is drinking well and appears comfortable.

It can be hard to remember the last time you gave your child acetaminophen or ibuprofen. We suggest using a medicine schedule and tracker like this.

Example of a medicine tracker:

Give dose of...	Time	<input checked="" type="checkbox"/> When given
Acetaminophen	12 a.m.	
Ibuprofen	3 a.m.	
Acetaminophen	6 a.m.	
Ibuprofen	9 a.m.	
Acetaminophen	12 p.m.	
Ibuprofen	3 p.m.	
Acetaminophen	6 p.m.	
Ibuprofen	9 p.m.	

Important notes

- It's important to **use the measuring device that comes with the bottle**. You can also use a 5 or 10 mL syringe. Don't use kitchen utensils or measuring spoons. *They won't give the right dose.*
- If the medicines upset your child's stomach, give the medicines with food or milk.
- **If you think you gave your child too much medicine**, call the American Association of Poison Control Center right away at 1 (800) 222-1222.
- Dosing is specific for your child's surgery, and may be different from the dose you are used to. Please see the instructions on the next page for dosing information.

For young adults

- If you drink alcohol, talk with your doctor or nurse before taking acetaminophen and ibuprofen.
- If you're pregnant or breastfeeding, talk with your doctor or nurse before taking acetaminophen and ibuprofen.

When should I call the doctor?

Call us if your child has:

- Pain that does not get better after taking the medicines
- A rash
- Yellow skin or eyes
- A feeling of faintness or is dizzy
- Blood in the stool (poop) or black stools
- Stomach pain that doesn't get better on its own

How to use dosage tables

- Find your child’s weight on the left.
- Match the weight with the type of medicine you’re using (in the top row).
- An mL is a measurement of liquid. This is the amount you use to fill up the syringe.

Dosage Table: Acetaminophen (Tylenol, Anacin-3, Feverall and Paracetamol)

	Syrup	Chewable	Chewable	Adult	Adult
Medicine strength	160 mg/5 mL	80 mg tablets	160 mg tablets	325 mg tablets	500 mg tablets
Weight in pounds (lbs)					
Less than 6 lbs	Talk with your doctor or nurse.				
6-11 lbs	1.25 mL (40 mg)				
12-17 lbs	2.5 mL (80 mg)	1 tablet (80 mg)			
18-23 lbs	3.75 mL (120 mg)				
24-35 lbs	5 mL (160 mg)	2 tablets (160 mg)	1 tablet (160 mg)		
36-47 lbs	7.5 mL (240 mg)	3 tablets (240 mg)			
48-59 lbs	10 mL (320 mg)	4 tablets (320 mg)	2 tablets (320 mg)	1 tablet (325 mg)	
60-71 lbs	12.5 mL (400 mg)			1 tablet (325 mg)	
72-95 lbs	15 mL (480 mg)		3 tablets (480 mg)	1 tablet (325 mg)	1 tablet (500 mg)
More than 95 lbs	Follow package directions				

How to use dosage tables

- Find your child’s weight on the left.
- Match the weight with the type of medicine you are using (in the top row).
- An mL is a measurement of liquid. This is the amount you use to fill up the syringe

Dosage Table: Ibuprofen (Advil and Motrin)

	Children’s Suspension (Children’s Advil, Children’s Motrin)	Infant Drops (Infants’ Advil, Infants’ Motrin)	Chewable Tabs (Junior Strength Motrin or Advil)	Tabs/Caplets (Advil, Motrin)
Medicine strength	20 mg/mL	40 mg/mL	100 mg	200 mg
Weight in pounds (lbs)				
Less than 6 lbs	Talk with your doctor or nurse.			
6-11 lbs	Talk with your doctor or nurse.			
12 – 15 lbs	1.5 mL (30mg)	0.75 mL (30mg)		
15 – 20 lbs	2 mL (40mg)	1 mL (40mg)		
20 – 24 lbs	2.5 mL (50mg)	1.25 mL (50mg)		
24 - 30 lbs	3 mL (60mg)	1.5 mL (60mg)		
30 – 37 lbs	3.75 mL (75mg)	1.87 mL (75mg)		
38 – 50 lbs	5 mL (100mg)	2.5 mL (100mg)	1 tab (100mg)	½ tab (100mg)
50 – 58 lbs	6.25 mL (125mg)			
58 – 75 lbs	7.5 mL (150mg)		1.5 tabs (150mg)	
75 – 99 lbs	10 mL (200mg)		2 tabs (200mg)	1 tab (200mg)
99 - 121 lbs	12.5 mL (250mg)		2.5 tabs (250mg)	
121 – 143 lbs	15 mL (300mg)		3 tabs (300mg)	1.5 tabs (300mg)
143 – 165 lbs	17.5 mL (350mg)			
165 – 176 lbs	20 mL (400mg)			2 tabs (400mg)