

Thyroid and Parathyroidectomy Pathways

Pre-operative check list:

- Make sure consent is signed, dated, and timed.
- If patient is having a sub-total thyroidectomy, i.e. one lobe, that side of the neck must be marked.
- Talk with patients about which calcium they should take and if they already picked this up when you IPHR (see calcium PO below).
- Prepare post-op orders: Gen Surg Thyroidectomy Post-Op order set

Parathyroidectomy <ul style="list-style-type: none">○ 1000 mg TUMS in PACU: YES○ Calcium tabs post-op: YES○ Calcium lab post-op: YES○ Calcium lab as outpatient: YES○ Levothyroxine: NO	Thyroid Lobectomy <ul style="list-style-type: none">○ 1000 mg TUMS in PACU: NO○ Calcium tabs post-op: YES○ Calcium lab post-op: NO○ Calcium lab as outpatient: NO○ Levothyroxine: NO (unless completion lobectomy)	Pediatric thyroidectomy <ul style="list-style-type: none">○ 1000 mg TUMS in PACU: YES○ Calcium tabs post-op: YES○ Calcium lab post-op: YES○ Calcium lab as outpatient: YES○ Levothyroxine: YES, see <i>Pediatric Dosing</i>○ Observe patients for bleeding for 3 hours post-op	
Total thyroid or Completion lobectomy <ul style="list-style-type: none">○ 1000 mg TUMS in PACU: YES○ Calcium tabs post-op: YES○ Calcium lab post-op: YES○ Calcium lab as outpatient: YES○ Levothyroxine: YES<ul style="list-style-type: none">▪ Prescribe to start POD #1	Total thyroidectomy for Hyperthyroid or Graves disease <ul style="list-style-type: none">○ 1000 mg TUMS in PACU: YES○ Calcium tabs post-op: YES○ Calcium lab post-op: YES○ Calcium lab as outpatient: YES○ Levothyroxine: YES<ul style="list-style-type: none">▪ Instruct patient not to take levothyroxine until told to do so by Surgical Oncology Office.○ TSH: YES<ul style="list-style-type: none">▪ Check TSH in ASU to establish a baseline. Send patient with outpatient order for re-check in 1 week. CC Dr. MacGillivray.○ Observe patients for bleeding for 3 hours post-op	Pediatric dosing of levothyroxine	
		Age	Dose (mcg/kg/day)
		0-3 months	10-15
		4-6 months	8-10
		7-12 months	6-8
		1-5 years	5-6
		6-12 years	4-5
		>12 years (puberty complete)	2-3
>12 years (puberty incomplete)	1-7		

Calcium tabs post-op: Patients can take 1-2 tabs TID post-op until their follow up visit.

- Patients are given a handout at their pre-op appointment regarding calcium supplementation. In general, patients should have already picked this up, but this not always the case. **Discuss when you IPHR.** Most patients will discharge on Calcium Carbonate (TUMS, Viactiv, Os-Cal) combined 600 mg calcium / 400 IU Vitamin D 1-2 tabs TID for a total of 1500-2000 mg of calcium/day. If patient has a history of gastric bypass, are >70 y.o., or on a PPI, they should take calcium citrate as it is better absorbed. Choose the Generic Calcium Citrate from the list in discharge med rec. (you have to search the database for this) when you prescribe. Choose OTC & free text sig: 1-2 tabs TID for a total of ~3000 mg of calcium/day. Calcium Citrate is not available inpatient and can only be prescribed as an outpatient therefore if they can't pick this up the same day as surgery it is ok to send them with a little bit of calcium carbonate, but they should pick up citrate as soon as they're able.
- **Calcium lab post-op:** Order PO calcium lab in be drawn in ASU. Add the dot phrase .ASUCALCIUM (steal from Amy Taisey's smartphrases) to the comments field of the order. *The patient does not need to wait for lab to result prior to discharge.*

Calcium lab as outpatient: Sometime within one week of surgery the patient needs to have a calcium level drawn. Add an *outpatient* calcium lab. CC: Dr. MacGillivray. This order will be printed out by ASU & given to the patient before they leave. ASU RNs sometimes are unfamiliar on how to find this lab. Ask them to ask a more senior colleague as we have done many in-services with the staff and most know how to find it in the RN's view in EPIC. *If the patient stays overnight in PACU, it is OK to draw this in the morning and it counts as their outpatient draw.*

Levothyroxine: Prescribe as an outpatient medication. The daily dosing is as follows below. *For pediatric dosing, see the table above!*

- Adult, BMI < 35: 1.7 mcg/day x total weight (kg), e.g. 72 kg x 1.7 mcg/day = 122.4 mcg every day
- Adult, BMI > 35: ((-0.018 x BMI) + 2.13 mcg/day)) x total weight (kg) = dose mcg/day, e.g. ((-0.018 x 40)) + 2.13) x 120 kg = 169.2 or ~170 mcg/day

Analgesia: Encourage acetaminophen, ibuprofen, and ice pack as first line. Use tramadol 50 to 100 mg or oxycodone 5 to 10 mg for break-through pain.

Discharge: Please use thyroidectomy specific discharge instructions, .DCTHYROID. In the discharge order itself, add .ASUDC into the comment field.

Follow Up: Patients to see Dr. MacGillivray or APP two weeks post-operatively. Patients should know they may not see Dr. MacGillivray at post-op visit. Follow up with Endocrinology/PCP will be arranged at their two-week post-op visit.