

Nussbar Protocol (Updated: February 2025)

Pre-op

- Patient encouraged to drink 1 liter of Gatorade the day before and another 12 oz at 0400 the day of surgery
- Preop Acetaminophen 10-15 mg /kg
- NO GABAPENTIN for this procedure
- Marinol 5 mg PO

Intra-op

- Standard IV induction
- Full TIVA with propofol and precedex infusion
- 2nd IV after induction
- ESP and parasternal blocks are placed in the prone/lateral and supine position depending on the Anesthesiologist's preference
- Chest rolls are placed under the back to elevate the torso
- Arms are tucked
- Foley catheter
- Prior to incision Dr. Smith would like these drugs to be included in the timeout process:
 - Marinol (5mg)
 - Acetaminophen (10-15 mg/kg)
 - Versed (2mg)
 - Ancef (30mg/kg, max of 2g, please start when Dr. Smith is prepping)
 - Decadron (4mg)
 - Zofran (4mg)
 - Phenergan (12.5mg)
 - Magnesium (2g)
 - Methadone (recommend 0.2 mg/kg up to 10 mg)
 - Precedex (0.4 mcg/kg/hr infusion)
 - Valium (2.5mg, another 1-2.5 mg can be given after extubation)
 - Toradol (10mg, give at the end of the case after discussing with Dr. Smith)
 - No KETAMINE for this procedure
- Deep extubation is expected

- Discuss fluid requirements prior to the start of the pneumothorax part of the procedure, call Anesthesiologist prior to bar placement, and decrease lung volume to give room for the bar.
- Dr. Smith will ask for a few deep breaths as she removes the CO2 port and again as she intermittently decompresses the chest via the CO2 port
- Portable CXR prior to moving onto the stretcher

Post-op

- Patient will go to PACU for recovery
- Patient is expected to go to PICU for post-op care