The options for an orally administered synthetic opioid are tramadol, dihydrocodeine, oxycodeine and oral morphine. Oral morphine is a reasonable choice as we have lots of experience with this [9]. 0.1-0.2mg/kg 6 hourly up to 5mg is a reasonable dose. Care should be taken to dispense only enough for between 8 and 12 doses and parents should be advised to discard unused morphine after 10 days post-operatively.

There is no evidence that peri-operative or post-operative antibiotic use has any impact bleed rates or post-operative pain [7]. In view of the of potential adverse reactions the use of routine antibiotic prophylaxis is not recommended.

Children should have their weight and height measured at preassessment to identify children classified as obese (BMI >98th centile) as these children may require close consideration of the doses of analgesics being prescribed. Dose adjustments may be required and further information to support this is provided by the RCPCH [11]. Departments should have a locally agreed policy on this to reduce variability and to ensure optimal effectiveness and safety. For children >40kg, care should be taken not to exceed the maximum recommended dose for an adult.

Key Points

Analgesia

- **Paracetamol**:
  - Oral weight-based dosing (15-20mg/kg) up to a maximum dose of 1g per dose, four times a day, is recommended rather than age-banded doses.
  - Paracetamol is not licenced under 2 months of age orally

- **Ibuprofen**:
  - Oral weight-based dosing (30mg/kg) in 3 to 4 divided doses

- **Codeine should not be prescribed.**

Post-Operative Follow-Up

The results for successful resolution of sleep disordered breathing after tonsillectomy / adenotonsillectomy are excellent. The Childhood Adenotonsillectomy Trial (CHAT) study, the first randomised controlled trial between surgery and observation, had a resolution of symptoms was 79% [1]. For otherwise healthy children, the expectation would be for complete resolution of symptoms in the vast majority. The group recommends no follow-up or Patient-Initiated Follow-Up (PIFU) for these children.

Patients with comorbidities, especially obesity [2], will have a higher rate of non-resolution or partial improvement of symptoms. These patients should be counselled pre-operatively about the risk of residual symptoms. These patients could receive a review or indeed PIFU.