Fontan Pathway

**Inclusion Criteria:**
All elective Fontan patients who are:
- Extubated in the OR or shortly after
- Stable off vaso-pressors > 4 hrs at 0700 POD1 (excluding prophylactic vasopressin at 0.0002 mcg/kg/min)

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**Elective Fontan meeting inclusion criteria**

**F** (Furosemide)
- IV furosemide 1 mg/kg Q8H POD 1
- Aldactazide 1 mg/kg PO Q12H when taking enteral liquids
- Transition to PO TID furosemide after chest tubes are removed
- Diuretics can be weaned prior to discharge with goal of 3-4 doses/day of diuretic
- Goal: Patient maintain electrolyte evidence of mild dehydration (near normal electrolytes, mild BUN elevation, normal Cr)

**O** (Oxygen)
- DO NOT wean oxygen below 0.5 L/min via nasal cannula until chest tubes removed
- PT/OT consulted to assist with ambulation
- Patient okay off oxygen while ambulating

**N** (Enalapril)
- Enalapril 0.05 mg/kg/dose Q12H when taking PO fluids
- Dose titrated up as needed for hypertension

**T** (Chest Tubes)
- Chest tubes removed when drainage is < 2 mL/kg/day for single chest tube
- Heparin drip POD 0 (when 4 hours post op and without excessive bleeding)
- Maintain therapeutic Anti-Xa (0.3-0.7) until they are freely ambulating
- Start aspirin POD 1 when taking PO
- ALTERNATIVELY consider rivaroxiban instead of aspirin once chest tubes are removed for duration of 6 months

**A** (Anticoagulation)
- Heparin drip POD 0 (when 4 hours post op and without excessive bleeding)
- Maintain therapeutic Anti-Xa (0.3-0.7) until they are freely ambulating
- Start aspirin POD 1 when taking PO
- ALTERNATIVELY consider rivaroxiban instead of aspirin once chest tubes are removed for duration of 6 months

**N** (Nutrition)
- POD 1-3, when PO is initiated, restrict total fluids to 80% of maintenance, maintain on fat free diet (< 3 gms of fat) for 3 days
- Increase to maintenance fluids until chest tubes are removed
- After POD 3, increase to < 30% of total calories from fat until 4 weeks post op
- Patient instructions to maintain fluid restriction (~1.5 L/day) until seen by outpatient cardiologist
- CXR and BMP obtained 3 days after discharge for referring cardiologist to review
- PCP clinic visit within 1 week
- CT Surgery NP visit within 2-3 weeks

**S** (Set-up D/c)
- Verbal hand-off to referring cardiologist
- Patient instructions to maintain fluid restriction (~1.5 L/day) until seen by outpatient cardiologist
- Cardiologist visit within 4-6 weeks

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**Disclaimer:** Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

ChildrensNebraska.org/Pathways

Updated 05/2023