
eAppendix. Perioperative Practice Patterns for Children Undergoing Tonsillectomy Questionnaire

This supplementary material has been provided by the authors to give readers additional information about their work.
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Q1. What is the number of pediatric beds at your institution?

Q2. How many pediatric otolaryngologists practice at your institution?

Q3. What is the average number of tonsillectomies performed annually at your institution?

Q4. In which settings do pediatric otolaryngologists at your institution perform tonsillectomy? Please check all that apply and indicate how often each setting is used (always, 100%; most of the time, 50–99%; sometimes, 10–49%; rarely, 1–9%; never, 0%):
- Children’s hospital
- Pediatric surgery center
- Community hospital
- Non-pediatric surgery center

Q5. Does your hospital or division have an admission policy for children with sleep disordered breathing undergoing tonsillectomy? If yes, please share.

Q6. For children who have not had a sleep study but who are having surgery for OSA symptoms, does your group (majority view) admit all patients overnight for observation? If yes, skip to number 8.

Q7. If your hospital or division does not have a specific admission policy, please answer the following as a group (majority view). For tonsillectomy performed in a hospital setting, what are your group’s post-tonsillectomy admission criteria? (Check all that apply)
- Age < 3yrs
- Obesity – BMI for age > 99%
- Obesity – BMI for age > 95%
- Trisomy 21
- Craniofacial anomalies
- Neuromuscular disorders
- Sick cell disorder
- Mucopolysaccharidosis
- Bleeding diathesis
- OSA on PSG, AHI > 24
- OSA on PSG, AHI > 10
- OSA on PSG, other (specify)
- OSA on PSG, O2 nadir < 80%
- OSA on PSG, O2 nadir < 90%

Q8. Which medications does your group (majority view) use for post-tonsillectomy pain control? (Check all that apply and estimate how often each medication is used (always, 100%; most of the time, 50–99%; sometimes, 10–49%; rarely, 1–9%; never, 0%):
- Acetaminophen
- Codeine
- Hydrocodone
- Acetaminophen w/codeine
- Ibuprofen
- Oxycodone
- Acetaminophen w/codeine

Q9. What is the typical wait time at your institution for obtaining a polysomnogram (PSG)?

Q10. For which children does your group (majority view) routinely obtain a preoperative polysomnogram? (Check all the apply)
- Age < 2yrs
- Trisomy 21
- Neuromuscular disorders
- Obesity (please specify criteria below)
- Inconsistent history and clinical exam
- Age < 3yrs
- Craniofacial anomalies
- Mucopolysaccharidosis
- Sickle cell disease

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Q11. What tonsillectomy techniques are used at your institution? Please check all that apply and estimate how often each technique is used (always, 100%; most of the time, 50–99%; sometimes, 10–49%; rarely, 1–9%; never, 0%):

- Total tonsillectomy w/electrocautery
- Total tonsillectomy using cold technique
- Total tonsillectomy using coblation
- Intracapsular tonsillectomy

Q12. For same-day tonsillectomy patients, does your institution require observation of the child asleep on room air without desaturations prior to discharge home?

Q13. For same-day tonsillectomy, what is the minimum time that children are observed postoperatively prior to discharge home?

Q14. What is your group’s method (majority view) of postoperative follow-up for routine tonsillectomy patients? Please check all that apply and indicate how often each method is used (always, 100%; most of the time, 50–99%; sometimes, 10–49%; rarely, 1–9%; never, 0%):

- Phone call initiated by medical staff
- Phone call initiated by family
- Follow-up visit
- Follow-up visit only as needed

Q15. How does your group (majority view) define severe OSA?

- Obstructive AHI > 10
- Oxygen saturation nadir < 80%
- Obstructive AHI > 10 and/or oxygen saturation nadir < 80%
- Obstructive AHI > 24
- Other (please specify)

Q16. What is your group’s method (majority view) of postoperative follow-up for children with severe sleep apnea? Please check all that apply and indicate how often each method is used (always, 100%; most of the time, 50–99%; sometimes, 10–49%; rarely, 1–9%; never, 0%):

- Phone call initiated by medical staff
- Phone call initiated by family
- Follow-up visit
- Follow-up visit PRN
- Postoperative polysomnogram

Q17. What is your group’s method (majority view) of post-operative follow-up for children with mild obstructive sleep apnea (AHI<5). Please check all that apply and indicate how often each method is used (always, 100%; most of the time, 50–99%; sometimes, 10–49%; rarely, 1–9%; never, 0%):

- Phone call initiated by medical staff
- Phone call initiated by family
- Postoperative polysomnogram
- Follow-up visit
- Follow-up visit PRN

Q18. Has your group’s practice (majority view) changed since publication of the AAO-HNS clinical practice guideline regarding tonsillectomy?

Q19. Has your group’s practice (majority view) changed since publication of the AAO-HNS clinical practice guideline regarding polysomnography?