The Tonsil and Adenoid Recovery Roadmap™

Workbook

Your practical companion to the Recovery Roadmap—with checklists, trackers, and planning pages to keep you organized before surgery, through recovery, and beyond.

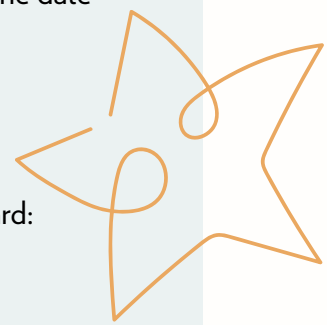
Functional Face

How to Use This Workbook

This workbook accompanies the Tonsil & Adenoid Recovery Roadmap™. Use its checklists, trackers, and planning pages to prepare for surgery, record recovery details, and organize follow-up care.

#1 Choose and print your pages:

Use the Table of Contents to find the tools for your child's stage of care. Print the pages you need and extra copies of any trackers you plan to use daily or multiple times. Record the date and recovery day on each daily tracking sheet.



#2 Keep key information together

Keep these pages with your child's discharge instructions in a folder, binder, or clipboard:
- Important Phone Numbers & Emergency Plan
- Red Flags Quick Reference
- Medication Log
- Hydration Tracker

Use the Daily Recovery Tracker for an overview of the day and the individual logs for more detail. If someone else is helping with care, use the Caregiver Handoff Sheet to share current instructions and recent updates.

#3 Bring your observations to follow-up

Complete the Before Surgery Symptom Tracker before the procedure and the Follow-Up Symptom Tracker after healing. Bring your observations and questions to appointments to discuss what has improved and what still needs attention.

Medication times, fluid intake, and symptom notes can also help you give the medical team clear information if concerns arise during recovery.

#4 Follow your child's medical team

This workbook supports organization and communication; it does not replace medical care. If its content differs from your child's medical team's instructions, follow their instructions.

REMEMBER THIS

Your child's medical team's instructions always come first.

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Food Preparation, Planning Tools, and Extra Support

Before Surgery Symptom Tracker

Use this before surgery to record your child's starting symptoms, sleep, breathing, eating, oral habits, and concerns.

Why You're Here:

You're here because you want a clear picture of what your child is experiencing before surgery, so you have something to compare after recovery.

This tracker is not meant to make you worried or hyper-focused.
It is meant to help you notice patterns.

Before surgery, many parents are so used to their child's symptoms that they start to feel "normal." Snoring, mouth breathing, restless sleep, bedwetting, grinding, congestion, or daytime meltdowns may have been happening for months or years.

Writing things down before surgery can help you answer an important question later:

"What actually improved?"

Use this page as a baseline. You do not need to track everything perfectly. Just record what you are seeing now.

Child's Name: _____

Surgery Date: _____

Date Completed: _____

Sleep & Breathing Symptoms

Check anything you commonly notice before surgery.

SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Snores during sleep	○	○	○	○
Sleeps with mouth open	○	○	○	○
Breathes through mouth during the day	○	○	○	○
Restless sleep / tosses and turns	○	○	○	○
Sleeps in unusual positions	○	○	○	○
Neck extended while sleeping	○	○	○	○
Pauses, gasps, chokes, coughs, or snorts during sleep	○	○	○	○
Sweats during sleep	○	○	○	○
Wakes frequently at night	○	○	○	○
Wakes up tired	○	○	○	○
Difficult to wake in the morning	○	○	○	○
Bedwetting	○	○	○	○

Daytime Symptoms

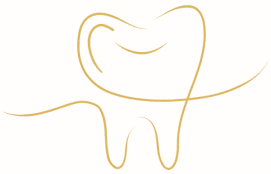
SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Tired during the day	○	○	○	○
Falls asleep in the car	○	○	○	○
Trouble focusing	○	○	○	○
Hyperactivity / always "on the go"	○	○	○	○
Irritability or mood swings	○	○	○	○
Emotional meltdowns	○	○	○	○
Anxiety-like behavior	○	○	○	○
Morning headaches	○	○	○	○
Poor school performance or learning concerns	○	○	○	○
Poor growth or weight gain concerns	○	○	○	○

Nose, Throat & Ear Symptoms

Check anything you commonly notice before surgery.

SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Chronic nasal congestion	○	○	○	○
Sounds congested when not sick	○	○	○	○
Chronic runny nose or drainage	○	○	○	○
Nasal-sounding speech	○	○	○	○
Bad breath, especially in the morning	○	○	○	○
Frequent sore throats	○	○	○	○
Frequent strep or tonsillitis	○	○	○	○
Ear infections or fluid in ears	○	○	○	○
Hearing concerns	○	○	○	○
Allergies or chronic inflammation concerns	○	○	○	○

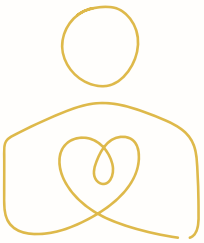
Oral, Dental & Facial Clues



Check anything you commonly notice before surgery.

SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Lips rest apart during the day	○	○	○	○
Difficulty keeping lips closed comfortably	○	○	○	○
Low tongue posture	○	○	○	○
Tongue thrust	○	○	○	○
Teeth grinding	○	○	○	○
Crowded teeth	○	○	○	○
Narrow palate	○	○	○	○
Crossbite	○	○	○	○
Forward head posture	○	○	○	○
Messy eating	○	○	○	○
Difficulty chewing with lips closed	○	○	○	○
Strong texture preferences or picky eating	○	○	○	○

Parent Observations



What are the top 3 symptoms you most hope improve after surgery?

1. _____
2. _____
3. _____

Notes:

_____

_____

_____

_____

What worries you the most right now?

_____

_____

_____

_____

What has your child's provider said is the reason for surgery?

_____

_____

_____

_____

Have you recorded a short video of your child's sleep to share with their healthcare provider?

◯ Yes ◯ No ◯ Not yet, but I plan to

If you notice snoring, pauses, gasping, choking, struggling to breathe, or very restless sleep, a short video may be helpful to share with your child's healthcare provider.

Baseline Snapshot

Circle or mark where your child is right now.

Sleep Quality

Very Poor 1 2 3 4 5 Excellent

Breathing During Sleep

Very Concerning 1 2 3 4 5 Peaceful

Daytime Energy

Very Low 1 2 3 4 5 Great Energy

Mood / Regulation

Very Difficult 1 2 3 4 5 Very Steady

Nasal Breathing

Rarely Nasal Breathes 1 2 3 4 5 Nasal breathes well

REMEMBER THIS

This tracker is simply a snapshot of where your child is starting.
You do not need to fill it out perfectly or track every detail. Just capture what you are noticing now, so later you can look back and see what improved, what changed, and what may still need follow-up.

Recovery Shopping List

Use this to plan the fluids, soft foods, comfort items, medication supplies, and other recovery basics you may need.

Fluids and hydration

- ◯ Water
- ◯ Ice chips or crushed ice
- ◯ Popsicles
- ◯ Electrolyte drink, if approved by your provider
- ◯ Diluted juice, if tolerated
- ◯ Broth
- ◯ Smoothie ingredients, if tolerated
- ◯ Slush-style drinks or soft frozen options

Others: _____

_____

_____

Cold or soothing foods

- ◯ Applesauce
- ◯ Yogurt
- ◯ Pudding
- ◯ Smoothies
- ◯ Scrambled eggs
- ◯ Mashed potatoes
- ◯ Soft noodles
- ◯ Oatmeal
- ◯ Broth or blended soup
- ◯ Mac and cheese
- ◯ Soft cooked vegetables

Others: _____

_____

Soft Foods for Later Recovery

- ◯ Scrambled eggs
- ◯ Oatmeal
- ◯ Mashed potatoes
- ◯ Soft noodles
- ◯ Mac and cheese
- ◯ Soft cooked vegetables
- ◯ Soft rice
- ◯ Mashed sweet potatoes
- ◯ Soft chicken and rice
- ◯ Creamy pastina or soft pasta

Others: _____

_____

_____

Medications and Basic Supplies

- ◯ Acetaminophen/Tylenol - if approved by my child's medical team
- ◯ Ibuprofen - if approved by my child's medical team
- ◯ Medication Log
- ◯ Hydration Tracker
- ◯ Prescriptions
- ◯ Medication instructions

Others: _____

_____

_____

Comfort and Organization Supplies

- ◯ Extra pillows
- ◯ Favorite blanket
- ◯ Comfort item or stuffed animal
- ◯ Tissues
- ◯ Trash bag or small bin
- ◯ Soft neck ice wrap
- ◯ Flexible cold pack
- ◯ Warm compress
- ◯ Books, movies, or simple crafts

Others: _____

_____

_____

Optional Preparation Supplies

- ◯ Recovery cups
- ◯ Popsicle molds
- ◯ Hydration tools
- ◯ Soft food prep containers
- ◯ Freezer smoothie packs
- ◯ Small containers for broth or soup
- ◯ Pre-portioned soft foods
- ◯ Child-friendly books about surgery, doctors, or hospitals

Others: _____

_____

_____

Recovery Space Setup Checklist

Prepare a Calm Place to Rest Before Surgery Day

Use this checklist to set up a simple recovery space before your child comes home.

This does not need to be fancy.
The goal is to create a calm, easy-to-monitor space where your child can rest, drink, take medication as directed, and feel comforted.

- ◯ Choose where your child will rest.
- ◯ Set up pillows, blankets, and comfort items.
- ◯ Keep a trash bin nearby.
- ◯ Keep tissues nearby.
- ◯ Keep water or approved fluids within reach.
- ◯ Keep medication instructions and trackers nearby.
- ◯ Have quiet activities ready.
- ◯ Plan where your child will sleep the first few nights.
- ◯ Remove anything that may encourage rough play or too much activity.
- ◯ Make the space easy for you to monitor your child.

Choose the Recovery Spot

Choose a place that is comfortable, calm, and easy for you to check often.

- ◯ Couch
- ◯ Recliner
- ◯ Child's bed
- ◯ Parent's room
- ◯ Quiet living room area

Things to consider:

- Close to a bathroom
- Easy for parent/caregiver to access
- Quiet enough for rest
- Safe from climbing, rough play, or pets jumping
- Comfortable for naps and nighttime check-ins

Other: _____

_____

_____

Keep These Nearby

- ◯ Water bottle or favorite cup
- ◯ Approved fluids
- ◯ Popsicles or cold options
- ◯ Medication instructions
- ◯ Medication Log
- ◯ Hydration Tracker
- ◯ Daily Recovery Tracker
- ◯ Discharge instructions
- ◯ Important Phone Numbers & Emergency Plan
- ◯ Tissues
- ◯ Trash bag or bowl for nausea
- ◯ Lip balm
- ◯ Blanket
- ◯ Comfort item
- ◯ Phone charger

Other items to keep nearby: _____

_____

_____

Nighttime Setup

Before bedtime, gather what you may need overnight.

- ◯ Fluids nearby
- ◯ Medication schedule or alarm, if instructed
- ◯ Medication Log
- ◯ Soft lighting
- ◯ Tissues
- ◯ Trash bag or bowl
- ◯ Phone nearby
- ◯ Surgeon's after-hours number
- ◯ Caregiver Handoff Sheet, if someone else is helping

Ask your child's medical team:

- Should I wake my child for medication?
- For how many nights?
- What should I do if my child refuses medication or vomits?

Notes: _____

_____

_____

Keep the Space Calm

Try to limit:

- ◯ Rough play
- ◯ Running or climbing
- ◯ Too many visitors
- ◯ Loud noise
- ◯ Pets jumping on your child
- ◯ Siblings crowding the recovery area
- ◯ Overstimulating activity

Calm activity ideas:

- ◯ Movies
- ◯ Audiobooks
- ◯ Coloring
- ◯ Simple games
- ◯ Books
- ◯ Quiet toys
- ◯ Tablet or screen time, if allowed

Other items to keep nearby: _____

_____

_____

Final Check Before Surgery Day

Confirm:

- ◯ Recovery spot is chosen
- ◯ Fluids are ready
- ◯ Soft foods are available
- ◯ Medication instructions are easy to find
- ◯ Tracking pages are printed
- ◯ Important phone numbers are easy to access
- ◯ Comfort items are nearby
- ◯ Nighttime plan is ready

Parent Reminder

You do not need a perfect recovery space.
You just need a place where your child can rest, drink, be monitored, and feel safe.

A little preparation before surgery day can make the first hours at home feel much less chaotic.

Questions to Ask Your Surgeon

Use this before surgery or at the pre-op appointment to write down questions and answers from your child's medical team.

1. _____
2. _____
3. _____
4. _____
5. _____

Surgeon's Instructions / Notes

_____

_____

_____

_____

_____

_____

Important Contact Info:

Surgeon's Office: _____

After-Hours Number: _____

Surgical Center: _____

Emergency Department Recommended by Surgeon: _____

Pharmacy:

_____

Important Phone Numbers & Emergency Plan

Complete this before surgery day so important medical contacts and emergency instructions are easy to find during recovery.

Surgery Details

Write down the basics so you are not searching for them at the last minute.

Surgery Date: _____
Surgery Time: _____
Arrival Time: _____
Surgery Location: _____
Surgeon / ENT: _____
Phone Number: _____
After-Hours Number: _____
Pharmacy: _____
Pharmacy Phone Number: _____

Emergency instructions from my child's surgical team:

_____

_____

_____

_____

_____

_____

What to Bring Checklist

Use this as your final packing check.

- ◯ Parent/caregiver photo ID
- ◯ Insurance card
- ◯ Surgery paperwork, if needed
- ◯ Medication list
- ◯ Allergy list
- ◯ Supplement/vitamin/herb/ natural product list
- ◯ Phone
- ◯ Phone charger
- ◯ Pen
- ◯ Folder for discharge papers
- ◯ Comfort item for child
- ◯ Comfortable clothes for child
- ◯ Extra shirt or outfit, if needed
- ◯ Quiet activity, book, headphones, or device if allowed
- ◯ Parent snack or water, if allowed
- ◯ Small trash bag or vomit bag for ride home
- ◯ Tissues or wipes
- ◯ Medication tracker or recovery logs
- ◯ Surgeon's phone number
- ◯ After-hours number

Before You Leave the House

Before heading to the surgery center, check:

- ◯ My child has followed all food and drink restrictions.
- ◯ I have followed the medication instructions from the surgical team.
- ◯ I have the arrival time and location.
- ◯ I know where to park or check in.
- ◯ I have the surgery day bag.
- ◯ I have my phone and charger.
- ◯ I have important paperwork.
- ◯ I know who is driving home.
- ◯ I know who to call if something changes on the way.

Parent Reminder

You do not need a perfect bag.

You need the essentials.

Most of surgery day is about following instructions, staying organized, asking questions before discharge, and helping your child transition home safely.

Before You Leave the Surgery Center Checklist

What to Confirm Before Going Home

Before discharge, pause and make sure you understand the home instructions.

You do not need to remember everything perfectly.
You do need to know the pain plan, hydration plan, bleeding instructions, medication timing, follow-up plan, and who to call if something feels wrong.

Pain & Medication Plan

Before we leave, I know:

- ◯ What medication my child should take
- ◯ The correct dose
- ◯ When the next dose is due
- ◯ Whether medication should be given on a schedule or only as needed

Next dose due at: _____

Medication: _____

Dose: _____

- ◯ Whether I should wake my child for medication
- ◯ What to do if my child refuses medication
- ◯ What to do if pain is not controlled
- ◯ Who to call if pain feels unmanageable

Notes: _____

_____

_____

Hydration Plan

Before we leave, I know:

- ◯ How often to offer fluids
- ◯ What fluids to start with
- ◯ Whether popsicles, ice chips, or slush-style drinks are okay
- ◯ Whether electrolyte drinks are okay
- ◯ What to do if my child refuses fluids
- ◯ Signs of dehydration to watch for
- ◯ When to call if my child is not drinking

Hydration instructions: _____

_____

_____

Bleeding Plan

Before we leave, I know:

- ◯ What bleeding, if any, is expected
- ◯ What bleeding is concerning
- ◯ What to do if I see bright red blood
- ◯ What to do if my child vomits blood
- ◯ What to do if my child keeps swallowing repeatedly
- ◯ Whether to call the office, after-hours number, or go directly to emergency care
- ◯ Which emergency department or facility the surgical team recommends, if needed

Bleeding instructions: _____

_____

_____

Food, Activity & Expected Symptoms

Before we leave, I know:

- ◯ What foods or drinks to start with
- ◯ What foods or drinks to avoid
- ◯ Whether straws should be avoided
- ◯ How much rest is expected
- ◯ When my child may return to school, daycare, sports, gym, swimming, recess, or rough play
- ◯ What symptoms are expected during recovery
- ◯ What symptoms should make me call

Activity or food instructions: _____

_____

_____

Who to Call

Office number: _____

After-hours number: _____

Emergency instructions: _____

_____

_____

Call or seek urgent help for bleeding, trouble breathing, dehydration concerns, uncontrolled pain, repeated vomiting, extreme sleepiness, difficulty waking, or anything that feels urgent.

Follow-Up Plan

Follow-up appointment:

Date: _____

Time: _____

Provider: _____

Before we leave, I know:

- ○ Whether a follow-up appointment is needed
- ○ Who to call for follow-up
- ○ What symptoms should improve by then
- ○ What symptoms may take longer
- ○ What to do if snoring, mouth breathing, or restless sleep continues after healing

Before We Walk Out

Use this final check before leaving:

- ○ I understand the pain plan
- ○ I understand the hydration plan
- ○ I understand the bleeding instructions
- ○ I know what symptoms are expected
- ○ I know what symptoms are concerning
- ○ I know who to call during office hours
- ○ I know who to call after hours
- ○ I have discharge papers
- ○ I have prescriptions or know where they were sent
- ○ I know what to do when we get home

Parent Script

If you feel overwhelmed, you can say:

"I want to make sure I understand the home instructions clearly. Can you please walk me through pain medicine, fluids, bleeding concerns, and who to call after hours?"

You are not being difficult.

You are making sure you understand how to care for your child safely at home.

First Few Hours at Home Checklist

Getting Settled After Surgery

Use this checklist when you first get home from the surgery center.

Follow your child's discharge instructions first.

Get Settled

DATE: _____

TIME HOME: _____

- ◯ Help your child get comfortable in the recovery space
- ◯ Keep fluids nearby
- ◯ Keep medication instructions nearby
- ◯ Keep the Medication Log nearby
- ◯ Keep the Hydration Tracker nearby
- ◯ Keep tissues, trash bag, or bowl nearby in case of nausea
- ◯ Keep your phone and important numbers nearby
- ◯ Keep the environment calm and quiet

Medication & Pain Plan

- ◯ Write down the time of the last medication dose
- ◯ Write down when the next dose is due
- ◯ Follow the pain plan given by the surgical team
- ◯ Do not give any medication that was not approved
- ◯ Use the Medication Log to avoid missed or doubled doses

Fluids

- ◯ Offer small sips often
- ◯ Try water or approved fluids
- ◯ Offer popsicles or cold options if tolerated
- ◯ Track fluids if your child is not drinking much
- ◯ Watch for signs of dehydration

Notes:

_____

_____

Last time my child drank:

_____

_____

Last time my child urinated: _____

_____

_____

Watch Closely

- ◯ Watch for bleeding
- ◯ Watch for trouble breathing
- ◯ Watch for repeated vomiting

- ◯ Watch for extreme sleepiness or difficulty waking
- ◯ Watch for pain that is not controlled
- ◯ Watch for refusal to drink
- ◯ Follow your discharge instructions for when to call

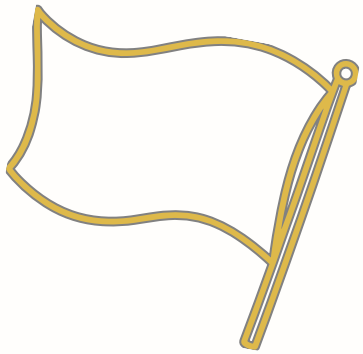
Call If You Are Worried

Call your child's medical team or seek urgent help if you notice bleeding, trouble breathing, dehydration concerns, uncontrolled pain, repeated vomiting, extreme sleepiness, difficulty waking, or anything that feels urgent.

Red Flags Quick Reference

When to Call the Doctor or Seek Urgent Help

Keep this page easy to find during recovery.
Follow your child's discharge instructions first.
Use your Important Phone Numbers & Emergency Plan page to know who to call.



GET URGENT HELP NOW

Bleeding

- Bright red bleeding from the mouth or nose
- Vomiting blood or blood clots
- Repeated swallowing that may mean bleeding

Breathing Trouble

- Trouble breathing
- Gasping
- Choking
- Color change

Severe Concern

- Very difficult to wake or unusually weak
- Signs of severe dehydration
- Repeated vomiting that prevents fluids from staying down.
- Pain so severe or uncontrolled that your child cannot drink

CALL YOUR CHILD'S MEDICAL TEAM

Hydration Concerns

- Refusing fluids
- Drinking very little
- Very little urination
- Dry mouth
- No tears
- Weakness or dizziness

Pain Concerns

- Pain not improving with the approved plan
- Refusing medicine
- Vomiting after medicine
- You are unsure what to give or when

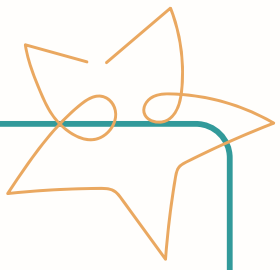
Other Concerns

- Fever based on your surgeon's instructions
- Symptoms that seem worse than expected
- Anything that makes you feel uncomfortable or unsure

BEFORE RECOVERY STARTS

Complete your Important Phone Numbers & Emergency Plan page before surgery day.

Keep it near your child's recovery space or saved on your phone.



REMEMBER THIS

If something feels urgent, do not wait.
If you are worried, it is okay to call.

Medication Log

Track Medication Times Clearly

Use this page to track medication timing and help avoid missed or doubled doses.
Follow your child's surgeon's instructions first.

Medication Instructions

Medication 1: _____

Dose: _____

How often: _____

Medication 2: _____

Dose: _____

How often: _____

Medication 3: _____

Dose: _____

How often: _____

Medication Tracker

Date: _____
Recovery Day: _____

TIME DUE	MEDICATION	DOSE	TIME GIVEN	NOTES

Notes: _____

PARENT REMINDER

Write it down as soon as you give it.
When you are tired, it is easy to lose track.

Hydration Tracker

Small Sips Count

Use this page to track fluids if your child is drinking very little, you want to stay organized, or your medical team asks how much your child has had.

Date: _____

Recovery Day: _____

Fluid goal,
if given: _____

Daily Hydration Summary

Complete this at the end of the day—or sooner if you are concerned or need to contact your child's medical team.

Last time my child urinated: _____

Urination today:

- ◯ About usual
- ◯ Less than usual
- ◯ Very little
- ◯ None

Any vomiting today?

No

Yes _____

Any dehydration concerns?

No

Yes _____

Fluids Tracker

Date: _____

Recovery Day: _____

TIME	WHAT WAS OFFERED	AMOUNT OFFERED	AMOUNT TAKEN	URINATED?	NOTES

What Worked Best Today?

- ○ Water
- ○ Popsicles
- ○ Ice chips
- ○ Diluted juice
- ○ Electrolyte drink approved by your child's medical team
- ○ Broth
- ○ Smoothie
- ○ Other: _____

_____

Parent Reminder

You do not need big drinks all at once.

Tiny sips, spoonfuls, and popsicles still count.

If your child is refusing fluids, urinating very little, vomiting repeatedly, or you are worried about dehydration, contact your child's medical team.

Food Tracker

Date: _____

Recovery Day: _____

TIME	FOOD OFFERED	AMOUNT TAKEN	NOTES

Foods that worked today: _____

Foods that did not work today: _____

_____

Sleep Tracker

Date: _____

Recovery Day: _____

Last night's sleep:

- ◯ Slept fairly well
- ◯ Woke a few times
- ◯ Woke often
- ◯ Very disrupted

Naps/rest today:

- ◯ Rested well
- ◯ Napped more than usual
- ◯ Had trouble resting
- ◯ Too active

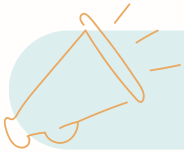
Notes: _____

_____

_____

Daily Recovery Tracker

Quick Daily Snapshot



Use this tracker for a simple overview of your child's recovery if you do not want to use every detailed tracker

Surgery Date: _____ Recovery Day: _____

Date: _____

Today's Quick Check-In:

Pain today: _____

Fluids today: _____

Food today: _____

Sleep/rest today: _____

Energy/mood today: _____

Bathroom/urination today: _____

Any Concerns Today?

- ○ Bleeding concern
- ○ Breathing concern
- ○ Vomiting or nausea
- ○ Fever or temperature concern
- ○ Dehydration concern
- ○ Pain not controlled
- ○ Extreme sleepiness or hard to wake
- ○ Refusing fluids
- ○ Refusing medication
- ○ No major concerns today

Notes: _____

_____

_____

Did I Use the Detailed Trackers Today?

- ○ Medication Log
- ○ Hydration Tracker
- ○ Food Tracker
- ○ Sleep Tracker
- ○ I did not need the detailed trackers today

Did I Call the Medical Team Today?

- ○ No
- ○ Yes

Who I called: _____ Time: _____

Reason for call: _____

Instructions given: _____

_____

_____

End-of-Day Notes

What went better today? _____

What felt harder today? _____

What do I want to watch tomorrow? _____

Quick Red Flag Review

Any concerns with bleeding, breathing, dehydration, uncontrolled pain, repeated vomiting, extreme sleepiness, or difficulty waking?

- ○ No
- ○ Yes

Notes: _____

See the Red Flags Quick Reference on pages 30–31. For symptoms listed under 'Get Urgent Help Now,' seek urgent help immediately.

Caregiver Handoff Sheet

Use this when another parent, grandparent, babysitter, or caregiver is helping so everyone has the same current instructions and recovery information.

Child's Name: _____ Surgery Date: _____

Recovery Day: _____ Caregiver Name: _____

Date / Time of Handoff: _____

Medication

Last medication given: _____

Time given: _____

Dose: _____

Next dose due: _____

Medication concerns: _____

_____

Any vomiting after medication?

- ○ No
- ○ Yes

FLUIDS & HYDRATION

Fluids offered today: _____

Approximate amount taken: _____

Last time child urinated: _____

Hydration concerns:

- ◯ Refusing fluids
- ◯ Much less urination than usual
- ◯ Very dark urine
- ◯ Very dry mouth or cracked lips
- ◯ No tears when crying
- ◯ Weakness or dizziness
- ◯ Repeated vomiting
- ◯ Pain preventing drinking
- ◯ Other: _____

_____

FOOD

What my child has eaten: _____

Amount taken: _____

Foods that worked today: _____

Foods that did not work today: _____

How my child is doing

- ◯ Throat pain
- ◯ Ear pain
- ◯ Jaw or neck discomfort
- ◯ Nausea
- ◯ Vomiting
- ◯ Refused fluids
- ◯ Refused medication
- ◯ Other: _____
- ◯ Trouble sleeping
- ◯ Snoring or noisy breathing
- ◯ Mouth breathing
- ◯ Bleeding concern
- ◯ Fever concern
- ◯ Breathing concern
- ◯ Extreme sleepiness or hard to wake

_____

OVERNIGHT / MORNING HANDOFF

How the night went: _____

_____

_____

Last medication time: _____

Fluid intake: _____

Urination: _____

Pain level or behavior: _____

Any vomiting?

- ○ No
- ○ Yes

If yes:
Notes: _____

_____

Any bleeding concern?

- ○ No
- ○ Yes

If yes:
Notes: _____

_____

IMPORTANT PHONE NUMBERS

Surgeon / ENT Office: _____

After-Hours Number: _____

Urgent Care / Emergency Location: _____

IF YOU NEED TO CALL

Have these details ready:

- ◯ Surgery date
- ◯ Recovery day number
- ◯ Last medication and time
- ◯ Current pain level or behavior
- ◯ Fluid intake
- ◯ Last urination
- ◯ Any vomiting
- ◯ Any bleeding
- ◯ Temperature, if relevant
- ◯ Breathing concerns
- ◯ What specifically worries you

Remember

You do not need perfect notes.
Share what you know.
If something feels wrong, call your child's medical team.

Getting Back to Everyday Life Checklists

Use these checklists before your child returns to school, daycare, sports, activities, or other normal routines.

School & Daycare

- ◯ I know how much rest my child needs.
- ◯ I know when my child can return to school.
- ◯ I know when my child can return to daycare.

Sports & Activities

- ○ I know when my child can return to sports/gym.
- ○ I know when my child can return to dance.
- ○ I know when my child can return to swimming.
- ○ I know when my child can return to recess.
- ○ I know when my child can return to rough play.
- ○ I know how long activity restrictions last.

Other Activity Instructions

- ○ I know whether travel should be avoided.
- ○ I know whether my child should avoid crowds or sick contacts.
- ○ I know when my child can safely resume normal activity.

MY SURGEON'S INSTRUCTIONS AND OTHER NOTES:

Follow-Up Symptom Tracker

After Healing Check-In

Child's Name: _____ Surgery Date: _____

Date Completed: _____ Completed by: _____

Follow-Up Appointment Date: _____

How to Use This Tracker

Use this after your child has healed from the main recovery period and is back to more normal routines.

This tracker helps you compare what was happening before surgery with what you are noticing now.

Bring this page to your child's follow-up appointment if you have questions or concerns.

If your child has urgent symptoms such as breathing difficulty, bleeding, dehydration, uncontrolled pain, extreme sleepiness, or anything that feels urgent, do not wait for a follow-up appointment. Contact your child's medical team.

Rating Key

0 = Not present
1 = Occasionally present
2 = Often present
3 = Very noticeable / concerning

Breathing and Sleep

SYMPTOMS	BEFORE SURGERY	NOW	NOTES
Snoring			
Mouth breathing during sleep			
Mouth breathing during the day			
Sleeping with mouth open			
Restless sleep			
Gasping, choking, or pauses in breathing			
Night waking			
Teeth grinding			
Sweating during sleep			
Unusual sleep positions			
Difficulty waking in the morning			
Daytime sleepiness			

Nasal Breathing and Congestion

SYMPTOM	BEFORE SURGERY	NOW	NOTES
Difficulty breathing through nose			
Chronic congestion			
Runny nose			
Postnasal drip or throat clearing			
Allergy symptoms			
Frequent sneezing			
Noisy nasal breathing			

Daytime Function

SYMPTOM	BEFORE SURGERY	NOW	NOTES
Low energy			
Irritability or big emotions			
Hyperactivity			
Trouble focusing			
Morning mood issues			
Headaches			
Bedwetting, if applicable			
School or learning concerns			

Oral Function and Habits

SYMPTOM	BEFORE SURGERY	NOW	NOTES
Lips apart at rest			
Low tongue posture			
Tongue thrust			
Open-mouth chewing			
Messy eating			
Difficulty chewing			
Difficulty swallowing			
Gagging with foods/textures			
Drooling			
Thumb, finger, pacifier, or object chewing habit			
Nail biting or lip chewing			

Dental, Growth, and Airway Clues

Use this page to record dental, growth, or airway concerns that may still need evaluation after surgery.

CONCERN	YES/NO/UNSURE	NOTES
Crowded teeth		
Narrow palate		
High palate		
Crossbite		
Open bite		
Small or recessed jaw		
Limited tongue space		
Ongoing orthodontic concerns		
Dentist or orthodontist recommended evaluation		

What Improved?

What Stayed the Same?

What Got Worse or Returned?

Questions for Follow-Up

Providers I May Need to Follow Up With

- ○ ENT / surgeon
- ○ Pediatrician
- ○ Dentist
- ○ Orthodontist
- ○ Myofunctional therapist
- ○ Allergist
- ○ Sleep physician
- ○ Other: _____

_____

Parent Notes:

_____

_____

_____

_____

Questions for Follow-Up Appointment

Choose Your Top Questions Before the Visit

Child's Name: _____ Provider/Office: _____

Date: _____ Reason for Visit: _____

What I'm Still Noticing

Check any concerns you want to discuss:

- ○ Snoring
- ○ Mouth breathing
- ○ Sleeping with mouth open
- ○ Restless sleep
- ○ Gasping, choking, or pauses in breathing
- ○ Trouble breathing through the nose
- ○ Chronic congestion or allergies
- ○ Low tongue posture
- ○ Lips apart at rest
- ○ Grinding teeth
- ○ Crowded teeth or narrow palate concerns
- ○ Chewing, swallowing, or texture concerns
- ○ Daytime tiredness
- ○ Mood, focus, or behavior concerns
- ○ Symptoms improved at first but returned
- ○ Other: _____

My Top 3–5 Questions

1. _____
2. _____
3. _____
4. _____
5. _____

What the Provider Said

Main recommendations: _____

_____

_____

_____

Next Step: _____

_____

_____

_____

Referral needed?

- ○ No
- ○ Yes _____

Follow-up timing: _____

_____

_____

Parent Reminder

You do not need to ask every question.
Choose the questions that match your child's symptoms and the purpose of the appointment.

The goal is to leave with a clear next step.

Airway Team Notes & Next Steps

Organize Follow-Up Recommendations After Surgery

Child's Name: _____ Surgery Date: _____

Date: _____

Recovery Day/ Week: _____

Main concerns I want to follow up on: _____

_____

_____

Providers and Recommendations

ENT / Surgeon

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

_____

Next Steps: _____

_____

_____

Providers and Recommendations

Pediatrician

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

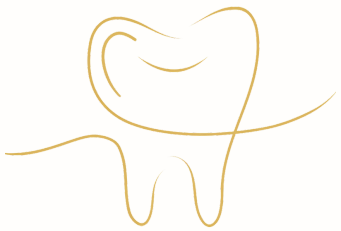
_____

Next Steps: _____

_____

_____

Providers and Recommendations



Dentist

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

_____

Next Steps: _____

_____

_____

Providers and Recommendations

Orthodontist

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

_____

Next Steps: _____

_____

_____

Providers and Recommendations

Myofunctional Therapist

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

_____

Next Steps: _____

_____

_____

Providers and Recommendations

Allergist

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

_____

Next Steps: _____

_____

_____

Providers and Recommendations

Sleep Provider

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

_____

Next Steps: _____

_____

_____

Providers and Recommendations

Other Provider

Main Concern/Reason for Visit: _____

_____

_____

Recommendation / Notes: _____

_____

_____

Next Steps: _____

_____

_____

Possible Next Steps

Check anything that was recommended or needs follow-up.

- ○ ENT follow-up
- ○ Pediatrician follow-up
- ○ Dental evaluation
- ○ Orthodontic evaluation
- ○ Myofunctional evaluation
- ○ Allergy evaluation
- ○ Sleep medicine evaluation
- ○ Sleep study
- ○ Nasal breathing / congestion plan
- ○ Mouth breathing follow-up
- ○ Expansion discussion
- ○ Feeding / chewing / swallowing support
- ○ Monitor symptoms for now
- ○ Other: _____

_____

_____

Questions I Still Need Answered

1. _____
2. _____
3. _____

My Next Three Action Steps

1. _____
2. _____
3. _____

Parent Reminder

You do not need every provider on this page.

Use this as a place to organize the recommendations that apply to your child.

The goal is to know what was discussed, what matters next, and who to contact if symptoms continue.

Food Preparation, Planning Tools, and Extra Support

Make-Ahead Food Prep Checklist

Use this before surgery to plan and prepare easy foods, snacks, drinks, and freezer or refrigerator options for the recovery period.
Prepare Ahead

- ○ Freezer smoothie packs
- ○ Homemade popsicles
- ○ Small containers of broth or soup
- ○ Soft cooked noodles or rice
- ○ Applesauce cups
- ○ Gelatin cups
- ○ Pre-portioned soft foods
- ○ Small hydration station with approved drinks

My Make-Ahead Plan

Foods or drinks I want to prepare:

What I already have:

What I still need:

REMEMBER THIS

Recovery food should be simple. Start with fluids, choose soft and gentle options, and follow your surgeon's instructions.

Favorite Foods and Drinks That Worked Well

Use this to keep track of foods and drinks your child accepted well during recovery so you know what to offer again.

Foods My Child Accepted

- ○ Applesauce
- ○ Yogurt
- ○ Pudding
- ○ Gelatin
- ○ Smoothies
- ○ Popsicles
- ○ Scrambled eggs
- ○ Mashed potatoes
- ○ Soft noodles
- ○ Oatmeal
- ○ Cream of wheat
- ○ Broth
- ○ Blended soup
- ○ Mac and cheese
- ○ Soft cooked vegetables
- ○ Other: _____

Drinks My Child Accepted

- ○ Water
- ○ Diluted juice, if tolerated
- ○ Electrolyte drink, if approved by provider
- ○ Smoothies, if tolerated
- ○ Slush-style drinks
- ○ Other:

_____

Foods & Drinks That Worked Well cont.

Foods

Drinks

Notes & Observations

Use this for extra instructions, questions, observations, or anything else you want to remember during recovery.

What I'm Noticing

What is clearly better?

What is still happening?

What feels concerning?

Questions for My Child's Healthcare Team

1. _____
2. _____
3. _____
4. _____
5. _____

Other Notes/Odds and Ends:

Instructions / Recommendations

Next Steps

Parent Reminder

A few simple notes can help you see patterns and ask better questions.