

High-observation protocol cuts length of stay in head, neck CA

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(HealthDay)—A high-observation protocol (HOP) appears to optimize

clinical care for patients with head and neck cancer undergoing primary surgery, according to a study published online June 20 in *Head & Neck*.

Brittany Barber, M.D., from the University of Alberta in Edmonton, Canada, and colleagues compared patients with head and [neck cancer](#) undergoing primary surgery on the high-observation protocol (52 patients) to a historical cohort (96 patients). Differences in length of [intensive care unit](#) (ICU) admission, ICU readmissions, and length of stay were measured.

The researchers found that the HOP clinical pathway was associated with significantly decreased length of ICU admission (1.9 versus 1.2 days; $P = 0.021$), length of stay (20.3 versus 14.1 days; $P = 0.020$), and ICU readmissions (10.4 versus 1.9 percent; $P = 0.013$).

"Rapid weaning of sedation and limiting mechanical ventilation may contribute to a shorter length of ICU admission and length of stay, as well as decreased ICU readmissions," the authors write.

More information: [Abstract](#)
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