

History:

- Orthopnea
- Stridor
- Wheezing
- Cough
- Dyspnea
- History of syncope

Physical Exam:

- Accessory muscle use
- Upper body edema/SVC syndrome

Evaluation for suspected Anterior Mediastinal (AM) Mass

Use the EDP Mediastinal Mass Work-up-CPG Powerplan

Patient has history or physical exam suggestive of an AM mass

Obtain 2-view CXR

Does CXR suggest AM mass?

Consider alternative diagnoses

Obtain the Following

Lab studies:

- CBC
- Type / Screen
- Mg
- Phos
- LDH
- Uric acid
- PT / INR, PTT
- Fibrinogen
- Peripheral smear

Imaging studies:

- CT chest (+/- neck) with contrast to determine degree of airway and/or great vessel compromise/compression
- Echocardiogram (if feasible while in ED)

Patient is high risk with if they have any of the following:

- ▶ Any symptom listed above under History and PE
- ▶ Inability to lie flat
- ▶ Tracheal involvement with > 50% compression
- ▶ Mediastinal mass ratio >0.45%
- ▶ Great vessel involvement
- ▶ Evidence of pericardial effusion and/or tamponade or ventricular dysfunction with EF <35%
- ▶ Evidence of infectious pulmonary process

Does patient exhibit high risk features?

Consult PICU and Hem/Onc to determine disposition

Is there impending respiratory or cardiac arrest?

Administer standard emergency resuscitation care
Discuss with oncologist need for emergent:

- Steroids
- Chemotherapy radiation

Admit to PICU with Hem/Onc consult for further work up/management

(Refer to CMH Anterior Mediastinal Mass Pathway by searching "Mediastinal Mass Guidelines" on Scope for further direction on work-up and to coordinate bedside huddle with consultants to plan diagnostic procedure)