**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**

- Patient has history or physical exam suggestive of an AM mass

**Obtain 2-view CXR**

**Does CXR suggest AM mass?**

- **No**
  - Consider alternative diagnoses
- **Yes**
  - 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)

**Does patient exhibit high risk features?**

- **No**
  - Consult PICU and Hem/Onc to determine disposition
- **Yes**
  - Administer standard emergency resuscitation care
  - Discuss with oncologist need for emergent:
    - Steroids
    - Chemotherapy radiation

**Is there impending respiratory or cardiac arrest?**

- **Yes**
  - Admit to PICU with Hem/Onc consult for further work up/management
- **No**

---

*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)*