

- 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)