

**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?

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)

**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?

No → Consult PICU and Hem/Onc to determine disposition

Yes

Is there impending respiratory or cardiac arrest?

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

- Steroids
- Chemotherapy radiation

No

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)*