Anterior Mediastinal Mass: PICU Huddle

Associated Power Plan: EDP Mediastinal Mass Work-up

Children's Mercy KANSAS CITY | Evidence Based Practice

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

Physical Exam:
- Accessory muscle use
- Upper body edema/superior vena cava syndrome
- Large or clinically significant pleural effusion

Patient with anterior mediastinal mass and is high risk

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

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Bedside Huddle with Consultants
- Huddle to be organized by admitting service
- 0715 if overnight admit, otherwise upon admission

Huddle Involves:
1. Oncology team
2. Anesthesiologist
3. Interventional Radiologist and/or ENT surgeon
4. Pediatric intensivist if in PICU
5. Heme/Onc service to notify Pathologist
6. Consider general surgery team/ECMO core team notification if concern for potential ECMO need

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Huddle Discussion Topics

1. Diagnostic Procedure
   a. Goal is to perform only one anesthetic
   b. Best route for biopsy: open vs core
   c. PICC or central line necessity
   d. Bone marrow biopsy/LP necessity
   e. Optimal timing of procedure for safety
2. Pathologist availability
   a. Should be in house at time of biopsy
3. Heme/Onc fellow to complete 'Huddle Note' in Cerner
4. Strive to achieve diagnostics and initiation of therapeutics within 48hrs of admission

Discuss with Oncologist

If patient is high risk and must have tissue biopsy, consider the following prior to procedure:

1. Preoperative steroids
2. Chemotherapy
3. Radiation

Patient is high risk with if they have any of the following:
- Any symptom listed above under History and Physical Exam
- 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

QR code for mobile view

Contact: [EvidenceBasedPractice @cmh.edu](mailto:EvidenceBasedPractice@cmh.edu)

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This care process model/clinical practice guideline is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.