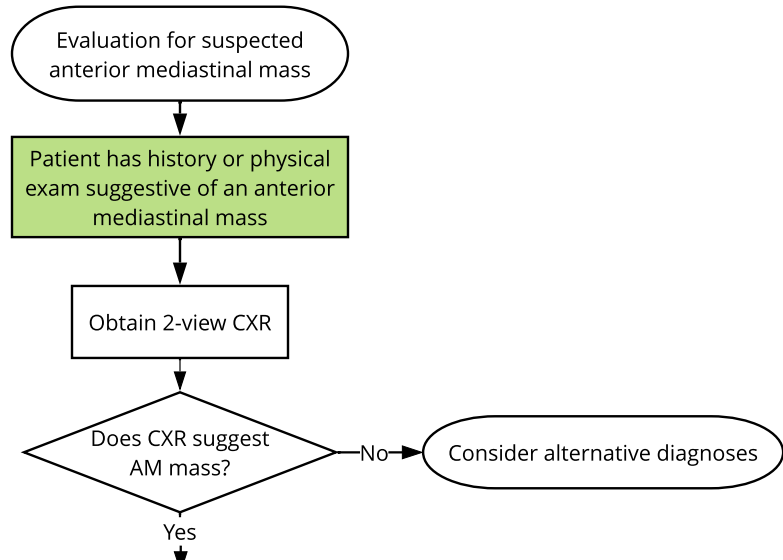




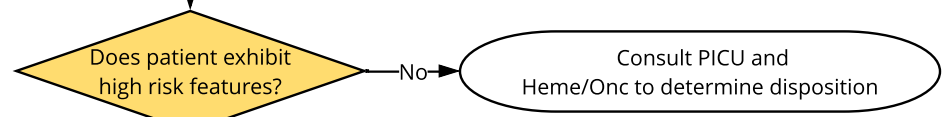
QR code for mobile view

- 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



- Obtain the Following**
- Lab studies:**
- CBC with differential
 - Type & Screen
 - Magnesium
 - Phosphorus
 - 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)
 - Evaluate great vessels for compression/flow, evaluate for pericardial effusion, tamponade physiology and function

- 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



- Is there impending respiratory or cardiac arrest?**
- Administer standard emergency resuscitation care
 - Discuss with oncologist need for emergent:
 - Steroids
 - Chemotherapy and/or radiation

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

[PICU Huddle](#)