Mastitis phone triage protocol A febrile illness in a postpartum woman is NOT ALWAYS Established patient in OB/Gyn MASTITIS - if symptoms are not Seen within the past 12-18 months No Breastfeeding her baby classic, have a low threshold to Not treated for mastitis in the past 2 weeks Not eligible for phone bring the patient into the clinic triage. Needs E&M Yes for evaluation by an LIP. evaluation in clinic / ED. Breast tenderness w/ reddened, sore area that feels warm. No Flu-like symptoms, generalized body aches, fatigue Chills or fever ≥101 F orally Yes Exquisite tenderness concerning for Symptoms suggest abscess? Toxic blocked duct / nonsymptoms*? infectious etiology Penicillin allergy? No Yes, Severe? anaphylaxis No, rash Dicloxacillin Cephelexin Clindamycin Referral to 300mg PO QID 500mg PO QID 500mg PO LC warm line QID x 10 days x 10 days x 10 days Yes Document phone message, page appropriate LIP for medication order Refer to LCs for Text page LC pager, 347pain w/ feeding, Ask, 'How is 1562, "Advice line patient Provide Warm Line contact No nipple trauma, breastfeeding needs LC call, [pt name, information, 984-974-8078 concerns low milk supply, going?' phone number]" low weight gain, etc. Needs same-day evaluation by E&M Symptoms progress provider and LC in clinic, or ER visit if after over 12 hours, or persist after 24-48 hours hours or weekend - see abscess protocol.

Counseling and Education

- Counsel patient that symptoms should improve in 24 to 48 hours. If symptoms progress after 12 hours or persist after 24-48 hours, she should be seen in OB clinic by the appropriate UOG/resident provider, or come to the ER if after hours or weekend for evaluation.
- For pain and fever, recommend:
 - Acetaminophen 650-1000 mg q4-6 hours (maximum 4g /day) or Ibuprofen 400-600 mg q6h
- Review mastitis supportive care: "Rest, fluids, empty the breast." No risk to infant continuing breastfeeding during infection, risk to mom with abrupt weaning. Nurse / pump every 2-3 hours. Suggest warm (not hot) compress or soaks before nursing, massaging tender area toward nipple w/ feeds to help relieve blocked ducts.

*Toxic Symptoms

Unable to tolerate PO, dizzy/lightheaded with ambulation, T >39 C, or worrisome in clinical judgement of provider

Documentation and Medication Order

- Document patient symptoms that initiated treatment and counseling in telephone message SmartPhrase .lactmastitisphone
- Page covering LIP: Resident Clinic Attending, Midwife on Call, OB Intern, or Faculty Attending
- Route telephone message to appropriate LIP to enter medication order in Epic
- Copy phone message to Dr. Stuebe, Medical Director of Lactation