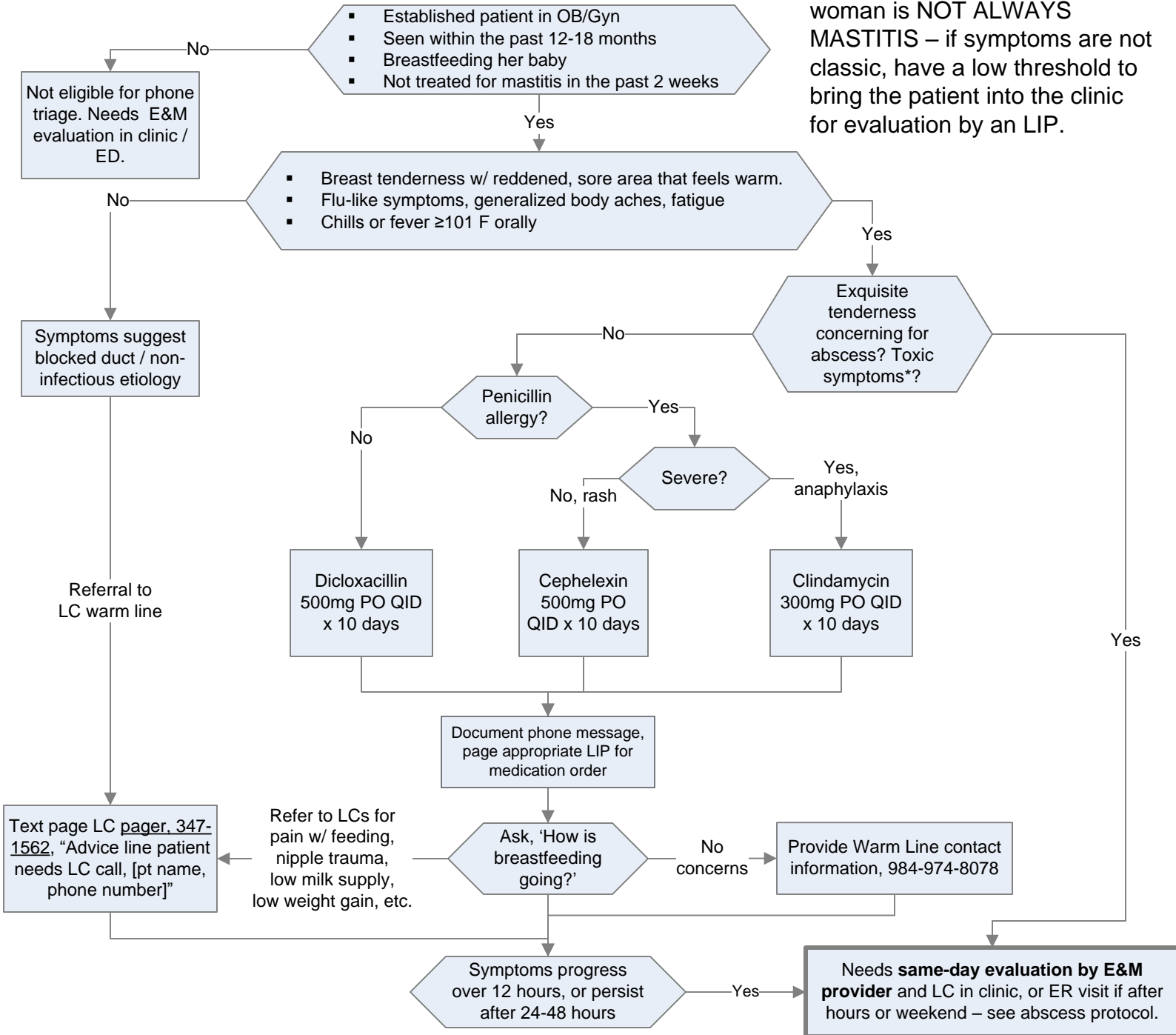


# Mastitis phone triage protocol

A febrile illness in a postpartum woman is NOT ALWAYS MASTITIS – if symptoms are not classic, have a low threshold to bring the patient into the clinic for evaluation by an LIP.



## 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