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.

Not eligible for phone triage. Needs E&M evaluation in clinic / ED.

- Established patient in OB/Gyn
- Seen within the past 12-18 months
- Breastfeeding her baby
- Not treated for mastitis in the past 2 weeks

Breast tenderness w/ redened, sore area that feels warm.
- Flu-like symptoms, generalized body aches, fatigue
- Chills or fever ≥101 F orally

Exquisite tenderness concerning for abscess? Toxic symptoms?* Yes

Penicillin allergy?

- No
- Severe?

- No, rash
- Yes, anaphylaxis

- Yes

Referral to LC warm line

Text page LC pager. 347-1562. “Advice line patient needs LC call, [pt name, phone number]”

Referral to LC warm line

- Dicloxacillin 500mg PO QID x 10 days
- Cephelexin 500mg PO QID x 10 days
- Clindamycin 300mg PO QID x 10 days

Document phone message, page appropriate LIP for medication order

Symptoms progress over 12 hours, or persist after 24-48 hours

- Yes

Needs same-day evaluation by E&M provider and LC in clinic, or ER visit if after 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