Breast Care ER/Urgent Care Triage Protocol

1/31/2024

Breast Abscess/Mastitis/Granulomatous Mastitis:

- Breast Ultrasound -> if fluid collection seen and drainage needed, order abscess drainage by radiology. Between 8a-5p, call 885-2522 (If no answer, see AMION -> Radiology -> Mammo Res and page MD). If after hours, consult on-call IR. Follow-up with PCP or urgent care (general guidelines given below)
- Patient stable for outpatient follow up → refer patient back to their PCP if pt has been seen by PCP within the last year. If pt has not seen PCP for over a year or has no PCP, the pt should follow-up in urgent care. PCP or urgent care will complete work-up/initiate treatment and refer to breast surgery as needed.
- Drain placed and/or aspiration completed and patient needs IV antibiotics → consult medicine for admission +/- ID consult; consider inpatient general surgery consultation if I&D indicated acutely/failure of nonoperative management
- Patient septic → consult general surgery (24/7)
- ED should not make direct referrals to breast surgery
- Do Not call Plastic Surgery

Concern for necrotizing soft tissue infection of the breast/chest wall:

- CT Chest
- Consult General Surgery (24/7)

Fungating Breast Cancer:

- Mammogram/US (call radiology for same day add on 885-2522 or see AMION schedule -> mammo resident, CT chest/abdomen/pelvis for staging
- Consider admission to medicine/oncology for expedited work up. Outpatient work-up also reasonable in stable patients. Refer to PCP (if seen within a year) or urgent care (if has not seen PCP in over a year OR no PCP) to complete outpatient work-up.
- Consult to Breast Surgical Oncology team if patient is admitted (8 am – 5 pm, M-F)

Breast Implant or elective breast surgery (breast reduction, mastopexy) related concern

- Patient had surgery at our institution:
    - Concern for post operative infection/complication: please consult the plastic surgery resident on call.
    - If patient is stable, place referral for follow up to plastic surgery or give patient our clinic number to call (408-282-1776)

- Patient had recent surgery elsewhere:
    - Stable: we do not provide routine follow up care for cosmetic/aesthetic surgery performed elsewhere (e.g., suture removal, drain removal, management of seroma). The patient should follow up with their surgeon for guidance. If they cannot see the surgeon, the patient is responsible for obtaining follow up with a local board-certified plastic surgeon who is willing to provide follow up care. This likely will incur out of pocket costs.
    - Septic/infected/exposed implant: consult plastic surgery resident on call
- Patient is concerned for implant rupture:
    - Direct the patient back to their PCP for breast MRI (implant protocol)
    - PCP may refer to plastic surgery once MRI completed and if implant is ruptured

Breast Flap (tissue transfer) related concern: call plastic surgery resident on call

Breast Cancer Surgery recently completed (mastectomy or lumpectomy):

- Has reconstruction
    - Concern for complication: call plastics
    - No acute issue: place referral for follow up to plastic surgery or give patient our clinic number to call (408-282-1776)
- No reconstruction
    - Concern for complication
        - 8 am- 5 pm M-F: call Breast Surgical Oncology team (see AMION)
        - Nights and weekends: call general surgery resident on call and they can call Dr. Chow once evaluated (if Dr. Chow away, consult the general surgery attending on call)
    - No acute issue: place referral for follow up to breast surgical oncology clinic (general surgery referral, click breast box)