



MEDICAL PROTOCOL FOR:

Child's Name:

Date of Birth:

Contact:

Primary Diagnosis: Mitochondrial Disease

Secondary Diagnosis: See attachment

MEDICAL PROTOCOLS OUTLINED

- **PRESCRIPTION DOSAGES:**
- It is imperative that the following two questions be asked at the time of illness when dispensing medication as _____'s chronological age does not meet standard drug dispensing quantities due to his/her low weight and height.
 - What is her current Height _____
 - What is her current Weight _____
- **ANTIBIOTIC PROTOCOL:** Antibiotics should be administered at the onset of possible bacterial infections as well as viral infections as a preventative measure to protect his/her immune system as his/her disease will progress while fighting off common childhood illnesses. If in question, prescribe antibiotics to ensure an immediate attempt to not allow a viral infection to become bacterial. Antibiotics must be prescribed prior to invasive procedures due to cardiac issues.
- **NO SULFA DRUGS OR TYLENOL.** _____ may also be allergic to _____.
- **ANESTHESIA PROTOCOL:** Anesthesia in any form must be authorized by (Physician's name) or Metabolic clinic at _____. Mitochondrial patients can have horrific life altering side effects as well as lethal reactions to anesthesia.
- **Febrile events or body temperature dysregulation:** _____'s core body temperature is _____ therefore a temperature registering at _____ is actual a febrile event. Any body temperature below _____, _____ should be seen by _____, or her pediatrician _____.

- **As Primary Care providers:** it is imperative that _____ be referred out to _____ in the event that metabolic issues arise either daily or as an emergency situation.
- **Universal precautions:** Immediate placement of _____ in an exam room is imperative so that she is not exposed to other illnesses when being evaluated in the pediatrician's office.
- **Dehydration:** It is imperative that _____ not become dehydrated. In the event through vomiting or excretion her parents feel that he/ she is in jeopardy due to dehydration they will inform the primary care physician who is working and request insight as to the need to intervene medically to hydrate.

PHYSICIANS SIGNATURE:

_____ Date _____

List your child's medications below

<u>Dosages per day/milligram</u>	<u>Medications</u>
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1.

2.

3.

4.

5.

Add to list as necessary.