Hemangioma Management

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL

Inclusion Criteria:

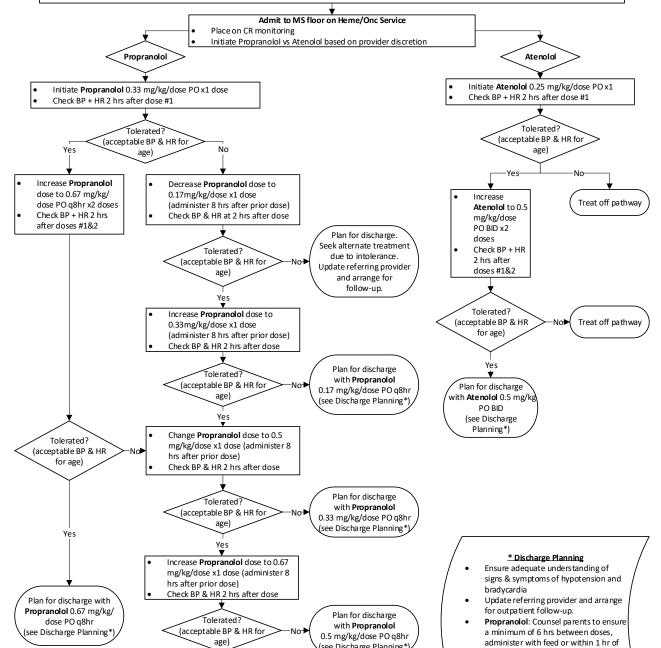
Hemangioma in infants < 8wks (corrected age) or as requested by referring provider, Any age infant with medical or social co-morbidities that would make outpatient management high risk

Relative Contraindications:

Cardiogenic shock, sinus bradycardia, hypotension, 2nd & 3rd degree heart block, heart failure, asthma, hypersensitivity to beta blocker

Prior to Admission:

- Confirm normal cardiovascular exam & normal EKG
- Cardiology outpatient visit needed if abnormal exam or EKG
- Must complete brain/head/neck MRI/MRA as an outpatient prior to hospitalization if PHACES risk (face/neck/scalp hemangioma, >5cm, usually segmented)
- Pre-authorization for admission must be obtained by referring provider prior to hospitalization



see Discharge Planning*)

CONTACTS: ALEX GOLDEN, MD | MICHAEL ISAKOFF, MD | CHRISTINE LONGYEAR, APRN

Yes

Plan for discharge with

Propranolol 0.67 mg/kg/dose PO q8hr (see Discharge Planning*)



feed, and to hold propranolol if oral

Atenolol: Counsel parents to ensure a

minimum of 10 hrs between doses.

intake is compromised.