

## Emergency Protocol Letters for an Unclassified FOD

TO WHOM IT MAY CONCERN:

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ is followed in the Genetics Clinic at \_\_\_\_\_ for a metabolic defect in the oxidation of long chain fatty acids; the specific abnormality has not yet been determined. Because of this inability to utilize fatty acids for energy, \_\_\_\_\_ may become hypoglycemic and comatose if he fasts for long periods (> 12 hours) or if he is unable to eat due to illness. To prevent such a metabolic crisis, we have instructed his parents to bring him to the Emergency Room whenever he cannot or does not eat for extended periods of time.

In the Emergency Room, a blood glucose should be drawn as well as 2 ml of heparinized blood from which the plasma is separated and frozen. **Regardless of the blood glucose value, he should be started on IV glucose (D10 containing solution at 1.5 times maintenance) as soon as possible to minimize the risk of further metabolic decompensation and hypoglycemic seizure.** The IV glucose should be continued until \_\_\_\_\_ can eat and drink by himself. Even if laboratory results are normal, he should be continued on IV fluids if he is lethargic until his mental status has returned to normal. \_\_\_\_\_ 's first void should be frozen and sent with the plasma to the Biochemical Disease Detection Lab at \_\_\_\_\_ for acylglycine analysis of the urine and plasma free fatty acids and carnitine analysis.

Thank you for your assistance in this matter. If you have further questions, please do not hesitate to call the Genetics clinic office at \_\_\_\_\_ or after hours at \_\_\_\_\_.

Sincerely,  
(Dr's name and number)

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TO EMERGENCY MEDICAL PERSONNEL:

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ develops hypoglycemia due to a metabolic disorder. If you respond to an EMS call by his parents, **it is important that an IV of glucose-containing, fluid be started as soon as possible. DO NOT wait until \_\_\_\_\_ is in the Emergency Room to start an IV.** If possible, blood glucose should be checked during the IV insertion, but the **IV should be started, even if the blood glucose is normal.** If necessary, a copy of this letter may be retained as a medical order.

Sincerely,  
(Dr's name and number)

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**MEMO TO: ALL EMS PERSONNEL**

FROM: (Dr's name treating child)

RE: Standing orders for patient \_\_\_\_\_  
(address)

DATE: \_\_\_\_\_

CC: EMS Services, Drs, parents etc

\_\_\_\_\_ is a four year old boy with a rare metabolic disorder involving fatty acid oxidation. Clinically, \_\_\_\_\_ may become hypoglycemic and comatose if he fasts or is unable to eat. He may appear lethargic or have other mental status changes.

Should you be called to provide care for \_\_\_\_\_ you should attempt to initiate a glucose containing IV (D5W or D10 if available) as early as possible. Additional dextrose administration may be determined based on rapid glucose level assessment.

\_\_\_\_\_’s mother is well versed in his symptom presentation and treatment regimens. She has authorized release of this information for her son.

Should you require additional assistance while on scene, you may, as always, contact medical direction.

If you have additional questions related to the care of this patient, please contact either of us at \_\_\_\_\_. Thank you.

Signed: Dr's name and numbers

[Submitted by Maria, Unclassified FOD Parent. Please remember that these are just EXAMPLES of Emergency Protocols. Discuss your/your child's specific situation/condition with the Drs to individualize the Protocol.]