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EMERGENCY LETTER {SAMPLE}

[PATIENT NAME] [(DOB:\_\_/\_\_/\_\_\_\_, Hospital Record #)] has been diagnosed with a mitochondrial disorder and is followed by the [hospital group name].

[Detail patient Risk]  
**Patient is at increased risk for metabolic decompensation with untercurrent illness.** Please start IV fluid as soon as possible to promot anabolism and minimize catabolism (see below for IV fluid recommendations).

Please contact the metabolic physician on call (at the numbers below) as soon as IV fluids have been started.

**Recommended Emergency Room Management:**

* Initial IV Fluids: D5% 1/2NS + 20 mEq/L KCL @ 1.5 times maintenance
* IV fluids to be adjusted according to initial lab results.

**Lab work:** CBC, panel 18, lactic acid, ketones, blood gas & any other relevant labs according to the acute illness.

**Patient’s usual Medications:**  
levocarnitine, riboflavin, coenzyme-Q10

**Patient’s usual Diet:**The patient follows an unrestricted diet. Adequate caloric intake is encouraged to avoid a catabolic state. Prolonged fasting is avoided.

**General Information:**

Mitochondrial disorders are characterized by multisystem involvement. Typically, tissues with the highest energy requirements are most likely to be affected including the nervous system, skeletal muscle, cardiac muscle, eyes, endocrine, renal and gastrointestinal systems. The patient’s clinical history is significant for hypotonia and motor development delay with finding of lactic acidemia.

Please notify the metabolic physician on call (at the numbers below). Thank you in advance for your kind attention.