[**Institution Information—Put on Institution Letterhead**]

**RE: [Patient First and Last Name]**

**[DOB:]**

**[MR:]**

To whom it may concern: **[Date]**

**[Name]** is a patient followed in the Metabolism Clinic at **[Hospital name]** due to **his/her** diagnosis of **[Cobalamin\_\_ deficiency, Methylene** **Tetrahydrofolate deficiency (MTFHR)]. [Name]** is at high risk of metabolic decompensation with metabolic acidosis from **his/her** disorder (Only in cobalamin C, D, F, J, and X patients). In addition**, he/she** is at increased risk for blood clots due to increased homocysteine. **His/ Her** family has been educated about the signs and symptoms and of the risk of metabolic decompensation during ordinary childhood ill- nesses, and may present to your emergency room if the patient does not respond to home management.

Complications may be prevented or ameliorated by immediate and appropriate management.

If **[Name]** should present with a history of prolonged decreased oral intake and/or vomiting for any reason, and if home management of sugar and fluid has not reversed the symptoms or if she presents with signs of infection or blood clot; we suggest the following:

1. **Evaluate immediately.**
2. **Speak to the doctor on call for Genetics at [Hospital name] by calling [Genetics Emergency On Call Number and asking for the “geneticist on call” immediately upon [Name]’s arrival for additional instructions**
3. If not given today already by family, please give one mg IM/SC hydroxocobalamin immediately. Cyanocobalamin is contraindicated, especially in patients with cblC.
4. Start IV fluids with glucose (at least 6-8 mg/kg/min), and appropriate salts (usually D10 half- normal saline with 10-20 mEq/L potassium chloride at 1 ½ maintenance rate is adequate).
5. Check blood glucose, electrolytes, liver function, CBC, urine ketones, total homocysteine and appropriate cultures or infection screens. Depending on her condition, a blood gas is warranted.
6. Diagnose and treat the precipitating event.
7. Individuals are also at increased risk for blood clots and strokes so respond accordingly.
8. Nitrous oxide should be avoided as anesthetic agent. Please call with any questions and prior to discharge or admission.

Sincerely,

Issuing Provider Date