Emergency Room Protocols

A handy reference guide for emergency room visits for all mast cell disease patients

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Emergency Room Protocol

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Personal Health History Form To be Reviewed with Primary Care Physician or Specialist

Name:______________________________ Date of Birth:________________________

Home Address:______________________________________________________________

Height_____Weight Range:_______ Medic Alert Jewelry Phone Number______________________

Phone Numbers: Home:_____________Cell:__________________________ Work __________________

Primary care physician name and address: ____________________________________________

In case of emergency, please contact (name and phone number):

______________________________________________________________________________

Current Diagnoses:_____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Add current list of medications and allergies on separate sheet

Physician Signature:______________________________ Date:________________________
Emergency Room Response Plan for Patients with Mast Cell Diseases

Patient Name: ___________________________ DOB: __________ DATE: __________

If the patient presents with flushing, rash, hives, swelling, abdominal pain, nausea, vomiting, shortness of breath, wheezing or hypotension, respond:

Administer
• Epinephrine 0.3 cc of 1/1000 and repeat 3x at 5-minute intervals if BP < 90 systolic (0.1 cc for children under 12)
• Benadryl (Generic: diphenhydramine) 25-50 mg (12.5-25 mg for children under 12) orally, intramuscular or intravenously (slow IV push) every 2—4 hours or Atarax (Generic: hydroxyzine) 25 mg (12.5 mg for children age 2-12) orally every 2—4 hours
• Famotidine 20 mg IV
• Solu-Medrol (Generic: methylprednisolone) 120 mg (40 mg for children under 12) IV/IM
• Oxygen by mask or nasal cannula 100%
• Albuterol by nebulization

Pre-medication for major and minor procedures/surgery and for radiology procedures, including ultrasound, with and without dyes:
• Prednisone 50 mg orally (20 mg for children under 12) 24 hours before and 1-2 hours prior to surgery/procedure
• Benadryl (Generic: diphenhydramine) 25-50 mg orally (12.5 mg for children under 12) or Atarax (Generic: hydroxyzine) 25 mg orally, 1 hour prior to surgery/procedure
• Pepcid (Generic: famotidine) 20 mg orally (10 mg for children 6-12; under 6, call physician for dosing) 1 hour prior to surgery/procedure
• Singulair (Generic: montelukast) 10 mg orally (5 mg for children under 12) 1 hour prior to surgery/procedure

Drugs to be used with caution:
• Aspirin and non-steroidal anti-inflammatory medications
• Opioid derivatives (exception: Fentanyl may be tolerated)
• Vancomycin IV

Additional Orders:

______________________________

Physician Signature ___________________________ Date __________________

The Mastocytosis Society, Inc. would like to thank Dr. Mariana Castells for this emergency protocol.
Laboratory tests to run on patients in the Emergency Department who have had a mast cell activation event

***Please see note under tests about having your own physician signing this form for follow up

1. Serum Tryptase—upon arrival in the ER and three hours later. If hospital lab is outfitted with the Immunocap system, serum tryptase results are obtained in 4 hours or less.
2. 24-hour or spot urines for:
   - n-methyl histamine
   - prostaglandin D2(PGD2) and 11-beta prostaglandin F2 alpha
3. Complete chemistry panel
4. CBC with differential

You MUST have your allergist or primary care provider sign the bottom of this form stating that he or she will be responsible for the follow-up on the 24-hour urine collections. Otherwise, the ER physicians will be reluctant to order them since they cannot be sure of follow-up care. Remember to contact your physician for follow-up after discharge.

I agree to provide follow-up care for my patient, ________________________________ and will obtain the results of the 24 hour or spot urine collections that were initiated in the emergency room setting and will provide appropriate care based on the results.

Printed Name of Physician

Signature of Physician ________________________________ Date ________________

Contact Address ________________________________________________

Phone Number: ________________________________ Fax Number: ________________________________
QUICK REFERENCE GUIDE: Medications to avoid or use with caution in patients with mast cell disease in emergency situations

Please note: Some of the Drugs to Avoid may be given if absolutely necessary, if given with a prep to stabilize mast cells. Please refer to one of our mast cell experts for instructions.

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Avoid or use with caution</th>
<th>Drugs that are typically tolerated</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Drugs</td>
<td>alcohol, amphotericin B, dextran, dextromethorphan, polymyxin B, quinine, vancomycin IV, alpha-adrenergic blockers, beta-adrenergic blockers</td>
<td>calcium channel blockers, centrally acting alpha 2 adrenergic stimulants, aldosterone antagonists</td>
</tr>
<tr>
<td>Pain Medications</td>
<td>opioid narcotics (may be tolerated by some individuals), Toradol (ketorolac), Non-steroidal anti-inflammatory drugs (unless the patient is already taking a drug from this class)</td>
<td>fentanyl - may require adjunct treatment with Zofran (ondansetron), tramadol</td>
</tr>
<tr>
<td>Muscle Relaxants</td>
<td>atracurium, doxacurium, rocuronium, mivacurium, succinyllcholine</td>
<td>pancuronium, vecuronium</td>
</tr>
<tr>
<td>Local Anesthetics</td>
<td>benzocaine, chloroprocaine, procaine, tetracaine</td>
<td>bupivacaine, lidocaine, mepivacaine, prilocaine, levobupivacaine, ropivacaine</td>
</tr>
<tr>
<td>Intraoperative Induction Meds</td>
<td>ketamine, midazolam, propofol</td>
<td></td>
</tr>
<tr>
<td>Inhaled Anesthetics</td>
<td></td>
<td>sevoflurane</td>
</tr>
</tbody>
</table>

References:
Link for the AAAAI Anaphylaxis Action Plan:

Medic Alert Bracelet/Jewelry

When deciding what to put on your medical jewelry, the first word should always be:

1. **Anaphylaxis!**

2. Systemic mastocytosis, systemic mast cell disease, mast cell activation syndrome or hereditary alpha tryptasemia.

3. If, and only if, you are on a beta blocker, add the following:
   a. On beta blockers-give glucagon with epinephrine.

4. **Drug Allergies:** if you have 1 allergy, then list it. If you have multiple, then state “drug allergies”.

5. **Food Allergies:** if you have 1 food allergy, then list it. If you have multiple, then state “multiple food allergies”.

6. Latex Allergy if you have one.

7. **Drug, food and latex allergies can be combined.**

8. Next add other illnesses: diabetes, dysautonomia, EDS, angina, thyroiditis, etc.
References:


