

Emergency Room Protocols

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

Materials revised by
Valerie M. Slee, RN, BSN, Chair
Jan Hempstead, RN, Patient Care Coordination
Chair
The Mastocytosis Society, Inc.



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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: _____

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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
- 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.

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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: _____

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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.

Medication Type	Avoid or use with caution	Drugs that are typically tolerated
General Drugs	alcohol amphotericin b dextran dextromethorphan polymyxin B quinine vancomycin IV alpha-adrenergic blockers beta-adrenergic blockers	calcium channel blockers centrally acting alpha 2 adrenergic stimulants aldosterone antagonists
Pain Medications	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)	fentanyl -may require adjunct treatment with Zofran (ondansetron) tramadol
Muscle Relaxants	atracurium doxacurium rocuronium mivacurium succinylcholine	pancuronium vecuronium
Local Anesthetics	benzocaine chloroprocaine procaine tetracaine	bupivacaine lidocaine mepivacaine prilocaine levobupivacaine ropivacaine
Intraoperative Induction Meds		ketamine midazolam propofol
Inhaled Anesthetics		sevoflurane

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To contact The Mastocytosis Society, Inc. Board of Directors:

tmsbod@tmsforacure.org

To contact the Patient Care Coordination Nurses:

nurses@tmsforacure.org

Link for the AAAAI Anaphylaxis Action Plan:

<https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Anaphylaxis-Emergency-Action-Plan.pdf>

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.

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