

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

Please follow the instructions of your mast cell specialist. *These are recommended guidelines. Some institutions/medical departments have their own protocols. **Discuss IN ADVANCE with your physicians and those departments.***

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 (**take only if part of your daily mast cell medications**)

Drugs to be used with caution:

- Aspirin and non-steroidal anti-inflammatory medications
- Opioid derivatives (exception: Fentanyl may be tolerated)
- Vancomycin IV

Physician Signature _____ Date _____

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