

## Medical Emergency Response Plan

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### for Systemic Mastocytosis, Mast Cell Activation, and Anaphylaxis

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

#### 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 for children under 12) orally, intramuscular or intravenously every 2—4 hours or Atarax (Generic: hydroxyzine) 25mg (12.5 mg for children under 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 canula 100%
- Albuterol nebulization

**Call 911 and take the patient to the closest Emergency Room.**

#### Pre-medication for major and minor procedures and for radiology procedures with and without dyes:

- Prednisone 50 mg orally (20 mg for children under 12) 24 hours and 1—2 hours prior to surgery
- 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
- Zantac (Generic: ranitidine) 150 mg orally (20 mg for children under 12) 1 hour prior to surgery
- Singulair (Generic: montelukast) 10 mg orally (5 mg for children under 12) 1 hour prior to surgery

#### Drugs to be avoided:

- Aspirin and non-steroidal anti-inflammatory medications
- Morphine, codeine derivatives
- Vancomycin

Recommend: Tylenol

The Mastocytosis Society thanks Dr. Mariana Castells for this emergency protocol.

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