

Emergency Room Response Plan

PatientName: _____ 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, intra-muscular 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 nebulization

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/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
- Zantac (Generic: ranitidine) 150 mg orally (20 mg for children under 12) 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 avoided:

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

Recommend: Tylenol

Additional Orders:

Physician Signature _____ Date _____

The Mastocytosis Society thanks 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 degranulation event.

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 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 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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