Allergic Reaction/Anaphylaxis Plan (Systemic Mastocytosis)

# **MILD-MODERATE** ALLERGIC REACTION

**EXAMPLES:** flushing, itching, hives, mild swelling, mild abdominal discomfort, nasal congestion

- 1. STOP EXPOSURE to trigger
- 2. Take H. antihistamine (cetirizine. loratadine, diphenhydramine)
- 3. Add H<sub>a</sub> antihistamine if prescribed (famotidine)
- 4. Rest in a safe position sit or lie down. Avoid standing suddenly
- 5. Monitor closely for progression to severe symptoms
- 6. If symptoms worsen. follow the severe reaction plan IMMEDIATELY •

Allergic Reaction/Anaphylaxis Plan (Systemic Mastocytosis)

# SEVERE / ANAPHYLACTIC | **ALLERGIC REACTION**

**EXAMPLES:** generalized urticaria (hives/itchv red bumps). low blood pressure (dizziness), wheezing/coughing, abdominal pain with vomiting

- 1. Inject epinephrine NOW (outer thigh)
- 2. CALL 911 and sav. "I am in anaphylaxis, and I have systemic mastocytosis"
- 3. Lie flat, legs elevated (unless breathing is difficult)
- 4. Use supplemental oxygen (if available)
- 5. Take H, and H<sub>a</sub> antihistamines after epinephrine
- **6. Repeat epinephrine** every 5-15 minutes if symptoms persist

## **Medications to AVOID** OR USE WITH CAUTION When You Have SM



- **General Medications** Antibiotics (eg, quinine, vancomycin IV)
- Alpha-adrenergic blockers (eg. doxazosin, prazosin)
- Beta-adrenergic blockers (eg. propranolol, metoprolol)

#### **Pain Medications**

- Opioid narcotics (eg, morphine, codeine, hydromorphone, oxycodone, hydrocodone: may be tolerated by some individuals)
- NSAIDs (unless the patient is already taking a drug from this class; eg. ibuprofen, naproxen, diclofenac, meloxicam)

All anesthetics and/or medications related to surgery or other medical procedures should be discussed with your primary SM provider in advance of the procedure.

IV, intravenous; NSAID, nonsteroidal anti-inflammatory drug;

**Medications Typically** 

**TOLERATED by** 

**Patients With SM** 

#### **General Medications**

- · Calcium channel blockers (eg, amlodipine, diltiazem, verapamil)
- · Centrally acting alpha-2 adrenergic stimulants (eg, clonidine, guanfacine, methyldopa)
- · Aldosterone antagonists (eg, spironolactone, eplerenone)

#### **Pain Medications**

- Fentanyl (may require adjunctive treatment with ondansetron)
- Tramadol

When in doubt, check with the provider who manages your SM before taking a new medication.



BETWEEN TREATMENT CENTERS & COMMUNITY PRACTICES: REDUCING KNOWLEDGE GAPS IN MANAGEMENT OF SYSTEMIC MASTOCYTOSIS

#### **Patient Resources**



NCCN Guidelines for Patients®

https://www.nccn.org/patients/guidelines/content/ PDF/systemic-mastocytosis-patient-guideline.pdf



The Mast Cell Disease Society

https://tmsforacure.org/



GARD

Genetic and Rare Diseases Information Center https://rarediseases.info.nih.gov/



National Organization for Rare Disorders https://rarediseases.org/



American Initiative in Mast Cell Diseases https://aimcd.net/



Visit Our Clinical Resource Center at





## IMPORTANT INFORMATION FOR EMERGENCY **MEDICAL ATTENTION**

Condition:

## Systemic Mastocytosis

Name:

DOB:

**Emergency Contact:** 

Allergies/Triggers:

Epinephrine Auto-Injector Brand:

H, Antihistamine:

H. Antihistamine:

Other Medications:

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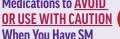
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after epinephrine

**6. Repeat epinephrine** every 5-15 minutes if symptoms persist

5. Take H, and H<sub>a</sub> antihistamines

# **Medications to AVOID** OR USE WITH CAUTION



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## **Medications Typically TOLERATED by Patients With SM**



## **General Medications**

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PRACTICES: REDUCING KNOWLEDGE GAPS IN
MANAGEMENT OF SYSTEMIC MASTOCYTOSIS

### **Patient Resources**



National Comprehensive Cancer Network®

#### NCCN Guidelines for Patients®

https://www.nccn.org/patients/guidelines/content/ PDF/systemic-mastocytosis-patient-guideline.pdf



The Mast Cell Disease Society https://tmsforacure.org/



Genetic and Rare Diseases Information Center https://rarediseases.info.nih.gov/



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