

## 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<sub>1</sub> antihistamine** (cetirizine, loratadine, diphenhydramine)
3. Add **H<sub>2</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/itchy red bumps), low blood pressure (dizziness), wheezing/coughing, abdominal pain with vomiting

1. **Inject epinephrine NOW** (outer thigh)
2. **CALL 911** and say, **"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<sub>1</sub> and H<sub>2</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; 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; SM, systemic mastocytosis.

## 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, methylidopa)
- 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.

BRIDGE SM BUILDING BRIDGES 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/>



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

[ExchangeCME.com/SMBRIDGEResources](https://exchangecme.com/SMBRIDGEResources)



## IMPORTANT INFORMATION FOR EMERGENCY MEDICAL ATTENTION



Condition:

**Systemic Mastocytosis**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Allergies/Triggers: \_\_\_\_\_

Epinephrine Auto-Injector Brand: \_\_\_\_\_

H<sub>1</sub> Antihistamine: \_\_\_\_\_

H<sub>2</sub> Antihistamine: \_\_\_\_\_

Other Medications: \_\_\_\_\_

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