Genetics for the People **MEDICAL INFORMATION CARD**
CARRIED BY THE PATIENT

Mast Cell Activation

Flushing, hives, swelling, GI pain, wheeze or falling blood pressure can be a mast cell flare. Treat like anaphylaxis if BP drops.

- First line: epinephrine if hypotensive; H1 blocker (diphenhydramine); H2 blocker; IV steroid; oxygen.
- Avoid unless premedicated: aspirin and NSAIDs, morphine and codeine, IV vancomycin, succinylcholine, atracurium, mivacurium, ester local anesthetics, dextran.
- Before contrast dye or surgery: premedicate (steroid 24 h and 1 to 2 h before; H1 + H2 blocker + montelukast 1 h before).
- Acetaminophen for pain. Lidocaine (amide) is fine. Tryptase is often normal in MCAS; a normal level does not rule out a flare.

Diagnosed by Dr. _____ Phone _____

Sources: The Mast Cell Disease Society, Emergency Room Protocol (M. Castells, MD, PhD). Mast Cell Action, Recognising and Managing MCAS, 2026. Verify with the treating physician.

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Emergency contact _____

Specialist _____ Phone _____

Daily medications _____

Allergies _____

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