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.

Mast Cell Activation: my details

Name _____ DOB _____

Emergency contact _____

Specialist _____ Phone _____

Daily medications _____

Allergies _____

I carry epinephrine ☐ yes ☐ no Other _____

geneticsforthepeople.com/blog/mast-cells-and-endometriosis-one-loop/ has the full explanation and references. Educational template written from a research perspective by Katelin Hubbard, PhD, a scientist, not a physician; it does not diagnose, treat, cure, or prevent disease. The details above were entered by the card holder with their own clinician. Treating clinicians: please verify and use your judgment.