

For more details, visit <https://www.wiips.org>

1. Use opioid alternatives/adjuncts. Avoid morphine.
 2. Consider pretreatment with steroid, H1/H2 antagonists and/or leukotriene antagonist
 3. Treat mast cell flares (flushing, hives, urticaria, edema, abdominal pain, SOB, wheezing) with steroids, H1/H2, O2, nebs and/or epi
 4. Diphenhydramine infusion may be needed for severe reactions.
 5. Benzodiazepines helpful (stabilize mast cells)
 6. Aggressively manage pain, as pain activates mast cells
- To minimize mast cell activation:**

EMERGENCY Anesthesia / Surgery Alerts

ALERT Potential Risks with Ehlers-Danlos Syndromes (EDS), Mast Cell Activation Syndrome (MCAS)/multiple chemical sensitivities, dysautonomia



Unstable C spine, TMJD, joint dislocation/subluxation/ neurologic injury, occipitalatlantoaxial instability, fragile mucosa/skin, ↓ C spine mobility, ↓ oral opening, ↑ lung injury/pneumothorax/shunt with PPV, ↑ ocular injury, arterial/intestinal rupture, poor wound healing