MCAS-Friendly Bedroom & Wind-Down Checklist (Session 4)

Your sleep window and stimulus control rules do the heavy lifting. This checklist optimizes the *conditions* so those tools can work — by lowering nighttime mast cell triggers and building a calming pre-sleep routine. These steps **complement**, and do not replace, the behavioral plan.

Bedroom Environment

Bedding

- [ ] Zip-close hypoallergenic mattress and pillow encasements (dust-mite barrier)
- [ ] Wash sheets and pillowcases weekly in hot water
- [ ] Avoid down/feather bedding if you are sensitive
- [ ] Consider unscented cotton or bamboo bedding; watch for reactions to synthetic fabrics or fabric treatments

Air quality

- [ ] Run a HEPA air purifier; keep the bedroom door closed while it runs
- [ ] **No** scented candles, air fresheners, essential-oil diffusers, or fragranced products in the bedroom

Temperature

- [ ] Keep the room cool — about **60–67°F (16–19°C)**. This supports sleep *and* reduces heat-triggered flushing/mast cell activation.
- [ ] Use moisture-wicking sheets and light, breathable sleepwear if you overheat

Light

- [ ] Aim for complete darkness — blackout curtains or a sleep mask

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- [ ] Cover or remove small light sources (chargers, clock displays). Darkness protects melatonin, which helps calm mast cells.

Pets

- [ ] Consider keeping pets off the bed or out of the bedroom to reduce nighttime allergen load

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Medication Timing (Coordinate With Your Prescriber)

Do not change any medication without your prescriber. Bring these questions to them:

- **H1 antihistamines** — Should a bedtime dose be timed for nighttime histamine coverage? (Sedating types may aid sleep onset but can affect next-day thinking with regular use.)
- **H2 antihistamines (e.g., famotidine)** — Would a bedtime dose help with nighttime reflux, cramping, or nausea that wakes you?
- **Other sleep-affecting medications** — Review timing of any beta-blockers, corticosteroids, or montelukast.

Wind-Down Routine (Start 30–60 Minutes Before Bedtime)

1. Take your evening medications, including any bedtime antihistamines
2. Dim the lights — avoid bright overhead lights and screens
3. Do one low-stimulation activity — reading, gentle stretching, calm audio
4. At your prescribed bedtime (or when sleepy, whichever is later), move to the bedroom
5. Do your **5-minute paced breathing practice in bed** — the last thing before lights out
6. Lights out

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Doing paced breathing in bed each night trains your nervous system to treat the breathing itself as a **cue for sleep** — stimulus control working in your favor.

One Safety Note

Mindful observation is for everyday sensations. **Symptoms of a severe allergic reaction are not a "wait and see" moment** — throat swelling, trouble breathing, severe lightheadedness, or widespread hives with whole-body symptoms mean **use your epinephrine autoinjector and call 911.** Follow your MCAS action plan.

Remember: A cool, dark, low-trigger bedroom and a calm, consistent wind-down give your sleep window the best possible chance to succeed.

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