

# Anaphylaxis during Anaesthesia

## Immediate Management



Paediatric  
0-12 yr

### CARDIAC ARREST Pulseless Electrical Activity (PEA)

- Immediately start CPR.
- 0.1 mL/kg of 1:10,000 (10 microg/kg) IV Adrenaline
- Repeat 1-4 minutely prn
- 20 mL/kg Crystalloid
- ALS GUIDELINES for non-shockable rhythms

### DR Danger and Diagnosis Response to stimulus

- Unresponsive hypotension or bronchospasm
- Remove triggers e.g. chlorhexidine, synthetic colloid
- Stop procedure. Use minimal volatile/TIVA if GA

### S Send for help and organise team

- Call for Help and Anaphylaxis box
- Assign a designated Leader and Scribe
- Assign a Reader of the cards

### AB Check/Secure Airway Breathing - 100% oxygen

- Check capnography – “No Trace = Wrong Place”
- Confirm FiO<sub>2</sub> 100%
- Intubate early: airway oedema

### C Rapid fluid bolus Plan for large volume resuscitation

- If hypotensive: Elevate legs
- Bolus 20 mL/kg Crystalloid, Repeat as needed
- Large bore IV Access. Warm IV fluids if possible

### D Adrenaline Bolus Repeat as needed Prepare Infusion

#### Initial IV Adrenaline Bolus (Paediatric) 1 mg in 50 mL = 20 microg/mL

- Give dose below every 1-2 minutes prn

#### IM Adrenaline (Paediatric)

No IV access or haemodynamic monitoring  
OR awaiting Adrenaline Infusion

1:1000 = 1mg/mL

< 6 years = 0.15 mL (150 microg)

6-12 years = 0.3 mL (300 microg)

Every 5 minutes prn lateral thigh

#### Moderate

0.1 mL/kg  
(2 microg/kg)

Increase dose  
if no response

#### Life Threatening

0.2-0.5 mL/kg  
(4-10 microg/kg)

Increase dose  
if no response

**Paediatric Adrenaline Infusion**  
Commence infusion as soon as possible  
Can be administered peripherally

**1 mg Adrenaline in 50 mL (20 microg/mL)**  
Commence at 0.3 mL/kg/hr = 0.1 microg/kg/min  
Titrate to max. 6 mL/kg/hr = 2 microg/kg/min

**IF NOT RESPONDING see ‘Paediatric Refractory Management’**