

Anaphylaxis during Anaesthesia

Refractory Management



Adults 12+

Request more help

- Consider calling arrest code
- May require assistance with fluid resuscitation

Triggers removed?

- Chlorhexidine including impregnated CVCs
- Synthetic Colloid disconnect and remove
- Latex remove from OR

Monitoring

- Consider Arterial line
- Consider TOE/TTE

Resistant Hypotension

- Additional IV fluid bolus 50 mL/kg
- Continue Adrenaline Infusion
- Add second vasopressor
- Consider CVC
- TOE/TTE
- Cardiac bypass/ECMO if available

Adult Recommendations

Additional IV fluid bolus 50 mL/kg

Noradrenaline Infusion 3 – 40 microg/min (0.05 - 0.5 microg/kg/min) and/or

Vasopressin bolus 1– 2 units then 2 units per hour

If neither available use either

Metaraminol or Phenylephrine Infusion

Glucagon 1– 2 mg IV every 5 min until response
Draw up and administer IV (Counteract β blockers)

Resistant Bronchospasm

- Consider:
 - Oesophageal intubation
 - Circuit malfunction
 - Airway device malfunction
 - Tension pneumothorax
- Continue Adrenaline Infusion
- Add alternative bronchodilators

Adult Recommendations

Salbutamol

- Metered Dose Inhaler 12 puffs (1200 microg)
- IV bolus 100-200microg +/- infusion 5-25microg/min

Magnesium 2 g (8 mmol) over 20 minutes

Consider Inhalational Anaesthetics and Ketamine

Pregnancy

- Manual Left Uterine Displacement
- Caesarean within 5 minutes if arrest or peri-arrest

Consider other diagnoses

See 'Differential Diagnosis Card'

Once stable refer to 'Post Crisis Management'