

# Anaphylaxis during Anaesthesia

## Immediate Management



Adults 12+

**CARDIAC ARREST**  
Pulseless Electrical Activity (PEA)

- Immediately start CPR
- 1 mg IV Adrenaline, Repeat 1-2 minutely prn
- Elevate legs. 2 L Crystalloid
- ALS GUIDELINES for non-shockable rhythms

SBP < 50mmHg

- Start cardiac compressions

**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%
- Consider early intubation: airway oedema

**C**

Rapid fluid bolus  
Plan for large volume  
resuscitation

- If hypotensive: Elevate legs
  - Moderate – 500mL Crystalloid
  - Life threatening– 1000mL Crystalloid
  - Large bore IV access. Warm IV fluids if possible
- } Repeat as needed

**D**

Adrenaline Bolus  
Repeat as needed  
Prepare Infusion

**Initial IV Adrenaline Bolus (Adult)**  
1 mg in 10 mL = 100 microg/mL

- Give dose below every 1-2 minutes prn

**IM Adrenaline (Adult)**

No IV access or haemodynamic monitoring  
OR awaiting Adrenaline Infusion

1:1000 = 1mg/mL

500 microg (0.5mL)

Every 5 minutes prn lateral thigh

**Moderate**

10-20 microg  
(0.1-0.2mL)

If no response  
50 microg (0.5mL)

**Life Threatening**

50-100 microg  
(0.5-1mL)

If no response  
200 microg (2mL)

**Adrenaline INFUSION (Adult)**  
>3 boluses of Adrenaline start infusion  
Can be administered peripherally

**3 mg Adrenaline in 50 mL saline**

Commence at 3 mL/hr = 3 microg/min  
Titrate to max. 40 mL/hr = 40 microg/min  
(Infusion rate 0.05 - 0.5 microg/kg/min)

**If NOT RESPONDING see ‘Adult refractory management’**