## IF Adult CARDIAC ARREST
Pulseless Electrical Activity, PEA

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

## Danger and Diagnosis
Response to stimulus

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

## Send for help and organise team

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

## Check/Secure Airway
Breathing - 100% oxygen

- Consider early intubation: airway oedema
- Confirm FiO$_2$ 100%

## Rapid fluid bolus
Plan for large volume resuscitation

- If hypotensive: Elevate legs
- Bolus 2L Crystalloid, Repeat as needed
- Large bore I.V. access. Warm I.V. fluids if possible

## Adrenaline Bolus
Repeat as needed
Prepare Infusion

### I.M. Adrenaline (Adult)
No I.V. access or haemodynamic monitoring
OR awaiting Adrenaline Infusion
1:1000 1mg/mL
500 mcg lateral thigh
Every 5 minutes prn

### Initial I.V. Adrenaline Bolus (Adult)

<table>
<thead>
<tr>
<th>Dilution</th>
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<tbody>
<tr>
<td>1 mg in 10 mL = 100 mcg/mL</td>
<td>Moderate (Grade 2)</td>
<td>Life Threatening (Grade 3)</td>
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<tr>
<td>20 mcg = 0.2 mL</td>
<td>100-200 mcg = 1-2 mL</td>
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</tbody>
</table>

### 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 mcg/min
Titrated to max. 40 mL/hr = 40 mcg/min
(Infusion rate 0.05 - 0.5 mcg/kg/min)

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If NOT RESPONDING see ‘Refractory Management’

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Appendix 1 ANZAAG-ANZCA Perioperative Anaphylaxis Management Guidelines version 2 May 2016. The scientific rationale and evidence base for the recommendations on this card is explained in more detail at www.anzca.edu.au and www.anzaag.com © Copyright 2016 – Australian and New Zealand College of Anaesthetists, Australian and New Zealand Anaesthetic Allergy Group. All rights reserved.