### Anaphylaxis during Anaesthesia

#### Refractory Management

**Adults 12+**

| Request more help | • Consider calling arrest code  
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<th>• May require assistance with fluid resuscitation</th>
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| Triggers removed? | • **Chlorhexidine** including impregnated CVCs  
|                   | • **Synthetic Colloid** disconnect and remove  
|                   | • **Latex** remove from OR                      |
| Monitoring        | • Consider **Arterial line**  
|                   | • Consider **TOE/TTE**                         |

**Resistant Hypotension**

- Continue Adrenaline Infusion
- Additional I.V. fluid bolus 50 mL/kg
- Add second vasopressor
- Consider CVC
- Cardiac bypass/ECMO if available

**Adult Recommendations**

- **Noradrenaline Infusion** 3 – 40 mcg/min  
  (0.05 - 0.5 mcg/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 I.V. every 5 min until response  
  Draw up and administer I.V. (Counteract β blockers)

**Resistant Bronchospasm**

- Continue Adrenaline Infusion  
- Consider:  
  - Airway device malfunction  
  - Circuit malfunction  
  - Tension pneumothorax (decompress)  
  - Add alternative bronchodilators

**Adult Recommendations**

- **Salbutamol**  
  - Metered Dose Inhaler 12 puffs (1200 mcg)  
  - I.V. bolus 100-200mcg +/- infusion 5-25mcg/min  
- **Magnesium** 2 g (8 mmol) over 20 minutes  
  **Consider** Inhalational Anaesthetics and Ketamine

**Pregnancy**

- Manual Left Uterine Displacement  
- Caesarean within 4 minutes if arrest or peri-arrest

**Consider other diagnoses**

See ‘Differential Diagnosis Card’ in Anaphylaxis Box

**Once stable refer to ‘Post Crisis Management’**

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Appendix 3 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.