

Anaphylaxis during Anaesthesia

Immediate Management



Adults 12+

CARDIAC ARREST

Pulseless Electrical Activity (PEA)
Or SBP < 50mmHg

- Immediately start CPR
- 1 mg IV Adrenaline, Repeat 1-2 minutely prn
- Elevate legs. 2 L 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

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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 FiO₂ 100%
- Consider early intubation: airway oedema

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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)
Dilution 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’