## Anaphylaxis during Anaesthesia
### Immediate Management

#### 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

#### 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 FiO₂ 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

#### 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

**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’