

# Anaphylaxis during Anaesthesia

## Refractory Management



Adults 12+

### Request more help

- Consider calling arrest code
- May require assistance with fluid resuscitation

### Triggers removed?

- Chlorhexidine including impregnated CVCs
- Synthetic Colloid disconnect and remove
- Latex remove from OR

### Monitoring

- Consider Arterial line
- Consider TOE/TTE

### Resistant Hypotension

- Additional IV fluid bolus 50 mL/kg
- Continue Adrenaline Infusion
- Add second vasopressor
- Consider CVC
- TOE/TTE
- Cardiac bypass/ECMO if available

#### Adult Recommendations

Additional IV fluid bolus 50 mL/kg

**Noradrenaline Infusion** 3 – 40 microg/min  
(0.05 - 0.5 microg/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 IV every 5 min until response  
Draw up and administer IV (Counteract  $\beta$  blockers)

### Resistant Bronchospasm

- Consider:
  - Oesophageal intubation
  - Circuit malfunction
  - Airway device malfunction
  - Tension pneumothorax
- Continue Adrenaline Infusion
- Add alternative bronchodilators

#### Adult Recommendations

**Salbutamol**

- Metered Dose Inhaler 12 puffs (1200 microg)
- IV bolus 100-200microg  
+/- infusion 5-25microg/min

**Magnesium** 2 g (8 mmol) over 20 minutes

**Consider Inhalational Anaesthetics and Ketamine**

### Pregnancy

- Manual Left Uterine Displacement
- Caesarean within 5 minutes if arrest or peri-arrest

### Consider other diagnoses

See 'Differential Diagnosis Card'

Once stable refer to 'Post Crisis Management'