### 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 β 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 100-200 microg +/− infusion 5-25 microg/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’

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Appendix 1 ANZAAG-ANZCA Perioperative Anaphylaxis Management Guidelines version 3 January 2022. 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 2022 – Australian and New Zealand College of Anaesthetists, Australian and New Zealand Anaesthetic Allergy Group. All rights reserved.