### Anaphylaxis during Anaesthesia

#### Refractory Management

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<th>Request advice/help</th>
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<th>Resistant Bronchospasm</th>
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</table>
| - Contact local/regional paediatric service | - Chlorhexidine including impregnated CVCs | - Consider Arterial line | - Additional IV fluid bolus 20 - 40 mL/kg | - Consider:  
  - Oesophageal intubation  
  - Circuit malfunction  
  - Airway device malfunction  
  - Tension pneumothorax  
  - Continue Adrenaline Infusion  
  - Add alternative bronchodilators | - See ‘Differential Diagnosis Card’ |
| - Consider calling arrest code | - Synthetic Colloid disconnect and remove | - Consider TOE/TTE | - Continue Adrenaline Infusion | - Metered Dose Inhaler (100 microg/puff)  
  6 puffs < 6 years, 12 puffs > 6 years | |

**Paediatric Recommendations**

- **Resistant Hypotension**
  - Additional IV fluid bolus 20 - 40 mL/kg
  - Noradrenaline infusion 0.1 - 2 microg/kg/min
    - 0.15 mg/kg in 50 mL run at 2 - 40 mL/hr and/or
    - Vasopressin infusion 0.02 - 0.06 units/kg/hr
    - 1 unit/kg in 50 mL
    - 2 mL bolus then 1 - 3 mL/hr
    - Glucagon 40 microg/kg IV to max 1mg

- **Resistant Bronchospasm**
  - Salbutamol
    - Metered Dose Inhaler (100 microg/puff)
      - 6 puffs < 6 years, 12 puffs > 6 years
    - IV Infusion
      - as per local paediatric protocol
  - Magnesium sulfate 50% (500 mg/mL)
    - 50 mg/kg to max 2 g over 20 minutes
      - (0.1 mL/kg 50% solution= 50 mg/kg)
    - Aminophylline 10 mg/kg over 1 hour
      - (max 500 mg)
    - Hydrocortisone 2-4 mg/kg (max 200 mg)

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

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