Anaphylaxis during Anaesthesia

### Refractory Management

#### Paediatric 0-12

**Request advice/help**
- Contact local/regional paediatric service
- Consider calling arrest code

**Triggers removed?**
- **Chlorhexidine** including impregnated CVCs
- **Synthetic Colloid** disconnect and remove
- Latex remove from OR

**Monitoring**
- Consider **Arterial line**
- Consider TOE/TTE

**Resistant Hypotension**
- Continue Adrenaline Infusion
- Additional I.V. fluid bolus 20 - 40 mL/kg
- Add second vasopressor
- Consider CVC

**Paediatric Recommendations**
- **Noradrenaline infusion 0.1 - 2 mcg/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 mcg/kg I.V. to max 1mg**

**Resistant Bronchospasm**
- Continue Adrenaline Infusion
- Consider:
  - Airway device malfunction
  - Circuit malfunction
  - Tension pneumothorax (decompress)
  - Add alternative bronchodilators

**Paediatric Recommendations**
- **Salbutamol**
  - Metered Dose Inhaler (100 mcg/puff)
  6 puffs < 6 years, 12 puffs > 6 years
  - I.V. 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)

**Consider other diagnoses**
- See ‘Differential Diagnosis Card’ in Anaphylaxis Box

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Appendix 4 ANZAAG-ANZCA Perioperative Anaphylaxis Management Guidelines version 2 May 2016. 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 2016 – Australian and New Zealand College of Anaesthetists, Australian and New Zealand Anaesthetic Allergy Group. All rights reserved.