

# Refractory Management



## 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

Once stable refer to 'Post Crisis Management'