

# Refractory Management



## 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

- Continue Adrenaline Infusion
- Additional I.V. fluid bolus 50 mL/kg
- Add second vasopressor
- Consider CVC
- Cardiac bypass/ECMO if available

### Adult Recommendations

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

## Resistant Bronchospasm

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

### Adult Recommendations

#### Salbutamol

- Metered Dose Inhaler 12 puffs (1200 mcg)
- I.V. bolus 100-200mcg +/- infusion 5-25mcg/min

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

**Consider** Inhalational Anaesthetics and Ketamine

## Pregnancy

- Manual Left Uterine Displacement
- Caesarean within 4 minutes if arrest or peri-arrest

## Consider other diagnoses

See 'Differential Diagnosis Card' in Anaphylaxis Box

Once stable refer to 'Post Crisis Management'