Anaphylaxis during Anaesthesia 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 - 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 100-200microg +/- infusion 5-25microg/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'

Once stable refer to 'Post Crisis Management'

Appendix 1 ANZAAG-ANZCA Perioperative Anaphylaxis Management Guidelines version 14 November 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.





