Anaphylaxis during Anaesthesia 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 - Additional IV fluid bolus 20 - 40 mL/kg - Continue Adrenaline Infusion - Add second vasopressor - Consider CVC - TOE/TTE	Paediatric Recommendations 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 Consider: Oesophageal intubation Circuit malfunction Airway device malfunction Tension pneumothorax Continue Adrenaline Infusion Add alternative bronchodilators 	 Paediatric Recommendations 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)

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.





