## Anaphylaxis during Anaesthesia

## Post Crisis Management

## Once Situation is Stabilised

Consider Steroids

Dexamethasone 0.1 - 0.4 mg/kg (Paediatric maximum 12 mg)
Hydrocortisone 2 - 4 mg/kg (Paediatric maximum 200 mg)

Consider ORAL Antihistamines

Consider oral non-sedating Antihistamines when patient able to take oral medications

IV/IM Antihistamines

NOT RECOMMENDED

## Consider: Proceed/Cancel/Postpone Surgery Postoperative ICU/HDU monitoring

Investigations	<ul> <li>Tryptase <ul> <li>Immediately</li> <li>1 hour</li> <li>4 hours</li> <li>&gt; 24 hours</li> </ul> </li> <li>Use serum (SST) or plain tube</li> <li>Other investigations as clinically indicated</li> <li>Coagulation screen if proceeding with surgery</li> </ul>
Observations	<ul> <li>Monitor closely for 6 hours</li> <li>Consider 24 hours ICU/HDU if moderate to severe</li> <li>Anaphylaxis may persist for &gt;24 hours despite aggressive treatment</li> </ul>

Letter with Patient: Reaction Description + Agents Used
Refer Patient for Allergy Assessment and Testing
For referral form & to locate nearest testing centre go to
www.anzaag.com



