

Anaphylaxis during Anaesthesia

Refractory Management



Paediatric
0-12 yr

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'