

# NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

## ANAESTHETIC DEPARTMENT GUIDELINES FOR THE MANAGEMENT OF A PATIENT WITH SUSPECTED ANAPHYLAXIS DURING ANAESTHESIA

### Initial Therapy

1. Stop administration of all agents likely to have caused the anaphylaxis.
2. **CALL FOR HELP.**
3. Maintain airway: give 100% Oxygen.
4. Give **epinephrine**

ECG MONITORING IS ESSENTIAL CPR may be required

**Adult intravenous dose: 50 to 100mcg over 1 minute (0.5 to 1.0 ml of 1:10 000) with titration of additional doses as required**

**Child intravenous dose: 10 mcg/kg (0.1ml/kg of 1:10 000) given until a response is seen.**

**Adult intramuscular dose:** only if no i.v. access

**0.5 to 1.0 mg (0.5 to 1.0ml of 1:1000) may be given and repeated every 10 minutes according to blood pressure and heart rate.**

**Child intramuscular dose:** only if no i.v. access

<b>&gt;12 years</b>	<b>500 mcg (0.5 ml)</b>
<b>6 –12 years</b>	<b>250 mcg (0.25 ml)</b>
<b>&gt;6 months – 6 years</b>	<b>120 mcg (0.12ml)</b>
<b>&lt;6 months</b>	<b>50 mcg (0.05ml)</b>

Start rapid intravenous infusion with colloids or crystalloids. Adults may require several litres. Children – initial bolus 20ml/kg.

5. If possible abandon surgical procedure

### Secondary Therapy

1. Give antihistamines **Chlorpheniramine 10 –20mg slowly i.v.**
2. Give corticosteroids **Hydrocortisone 100 –300mg intravenously ( 25 – 100mg for children)**
3. Bronchodilators nebulised salbutamol or aminophylline 5mg/kg slowly i.v.
4. Catecholamine infusions as required

## Investigations

1. Do not attempt any investigations until immediate treatment of the emergency has been completed.
2. Diagnosis is made on clinical grounds. It is important to make a detailed written record of events, including timings of all drugs in relation to onset of the reaction. N.B. some reactions may not be immediate (e.g. Latex anaphylaxis)
3. Take blood for serum tryptase (gold topped tube) within an hour of the reaction and inform the biochemistry lab.
4. Inform the patient, their general practitioner and place a warning in the notes.
5. Refer the patient to the immunologists for skin prick tests. The referral form is available on the intranet. (Tests can not be reliably performed until 6 weeks after the reaction)

Based on the Association of Anaesthetists Guidelines for the Management of Anaphylaxis 2003.

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