

2 Anaphylaxis

Hypotension, bronchospasm, high peak-airway pressures, decrease or lack of breath sounds, tachycardia, urticaria

START

- 1 **Call for help and a code cart**
 - ▶ **Ask:** “Who will be the crisis manager?”
- 2 **Give epinephrine bolus** (may be repeated)
- 3 **Open IV fluids and/or give fluid bolus**
- 4 **Remove potential causative agents**
- 5 **Turn FiO₂ to 100%**
- 6 **Establish/secure airway**
- 7 **Consider...**
 - ▶ Turning off volatile anesthetics if patient remains unstable
 - ▶ Vasopressin for patients with continued hypotension despite repeated doses of epinephrine
 - ▶ Epinephrine infusion for patients who initially respond to bolus doses of epinephrine but experience continued symptoms
 - ▶ Diphenhydramine
 - ▶ H2 blockers
 - ▶ Hydrocortisone
 - ▶ Tryptase level: Check within first hour, repeat at 4 hr and at 18–24 hrs post reaction
 - ▶ Terminate procedure

DRUG DOSES and treatments

Epinephrine:	BOLUS: 10–100 mcg, repeat as necessary
	INFUSION: 1–10 mcg/min
Vasopressin:	1–2 units IV
Diphenhydramine:	25–50 mg IV
H2 blockers:	Ranitidine: 50 mg IV Cimetidine: 300 mg IV
Hydrocortisone:	100 mg IV

Common CAUSATIVE AGENTS

- Neuromuscular blocking agents
- Antibiotics
- Latex products
- IV contrast

Critical CHANGES

- If **cardiac arrest**, go to:
- ▷ CHKLST 4 Cardiac Arrest – Asystole/PEA
 - ▷ CHKLST 5 Cardiac Arrest – VF/VT