

14 Bronchospasm

Wheezing, respiratory distress, increased peak airway pressures, upsloping EtCO₂ waveform.

START

- ① Call for help and a code cart, inform team
 - ▶ Ask: “Who will be the crisis manager?”
- ② Increase to 100% O₂
- ③ Change I to E time to allow for increased exhalation
- ④ Evaluate for air trapping if hypotensive
- ⑤ Deepen volatile anesthetic
- ⑥ Rule out mainstem intubation, ETT obstruction
- ⑦ Administer inhaled agents albuterol +/- ipratropium
- ⑧ If severe consider epinephrine
- ⑨ Consider...
 - ▶ ketamine, hydrocortisone, nebulized racemic epinephrine
 - ▶ ABG, TEE, Arterial and central venous access
- ⑩ Rule out anaphylaxis (hypotension, tachycardia, rash)

DRUG DOSES and treatments

Albuterol	2.5-5.0 mg via neb or MDI
Ipratropium	0.5 mg via neb or MDI
Epinephrine	10 mcg IV and escalate, monitor for tachycardia and HTN
Ketamine	0.2-1.0 mg/kg IV
Hydrocortisone	100 mg IV
Racemic Epinephrine	0.5 ml of 2.25% solution (call RT)

Critical CHANGES

If Anaphylaxis, Go to ▷ CHKLST 2