

2 Anaphylaxis

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

START

- ❶ **Call for help and a code cart/defibrillator**
 - ▶ **Ask: “Who will be the crisis manager?”**
- ❷ **Give epinephrine bolus (may be repeated)**
- ❸ **Open IV fluids and/or give fluid bolus**
- ❹ **Remove potential causative agents**
- ❺ **Turn FiO₂ to 100%**
- ❻ **Establish/secure airway**
- ❼ **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. Red top tube.
 - ▶ Terminate procedure
 - ▶ Transfer to SCU as needed

DRUG DOSES and treatments

Epinephrine:	• BOLUS: 10-100 mcg, repeat as necessary
	• INFUSION: 0.1-1.0 mcg/kg/min
Vasopressin:	1-2 Units IV
Diphenhydramine:	25-50 mg IV
H2 blockers:	Famotidine 20 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 – Aystole/PEA
 - ▷ CHKLST 5 Cardiac Arrest – VF/VT