



11. Anaphylaxis

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

- ➊ Press the red emergency button
- ➋ Who is the “hands-off” leader? Assign roles.
- ➌ FiO₂ increased to 100% or high flow oxygen via facemask
- ➍ Give IV Adrenaline bolus - 50-100mcg- Several doses may be required for severe hypotension or bronchospasm. Consider starting an adrenaline infusion.
- ➎ Assess and secure the airway if required. Go to ⇒ CHKLST 7
- ➏ Give IV Crystalloid 1L at a high rate and elevate legs. Ensure adequate iv access.
- ➐ Remove potential causative agents
- ➑ Take 5-10ml clotted blood for mast cell tryptase at 1 hour, 4h and 24h.

Consider

- Noradrenaline infusion
- Vasopressin
- Salbutamol - if resistant bronchospasm
- Hydrocortisone & promethazine

Critical CHANGES

If PEA develops: Go to ⇒ CHKLST 3

If VF/VT develops: GO TO ⇒ CHKLST 1

If bradycardia/asystole: GO TO ⇒ CHKLST 2

Common CAUSATIVE AGENTS

- Chlorhexidine
- Latex
- Antibiotics
- Colloids
- Neuromuscular blockers

DRUG DOSES and treatments

Give drugs via central line if available

Adrenaline: 10 mls of 1 in 10,000 bolus 0.5 mL and increase bolus size to 1 mL, 2 mL, 5 mL etc depending on effect

Hydrocortisone	<i>Bolus 200mg IV</i>
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Promethazine	<i>Slow IV 25mg</i>
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Salbutamol	<i>Bolus 250mcg</i> <i>Infusion 5-25mcg/min</i>
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CVICU Resuscitation Checklist – Post cardiac surgery with chest closed



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Owned by C.D. CVICU

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