

Instructions for use

The QRH is intended for use by individuals who are familiar with it and who are practised in its use. See www.aagbi.org/qrh for further details on implementation.

Each guideline follows the same format:

3-1 Anaphylaxis v.1

- Unexplained hypotension
- Unexplained tachycardia or bradycardia
- Unexplained severe bronchospasm
- Angioedema
- Cardiac arrest where other causes are excluded
- Cutaneous flushing in association with one or more of the signs above

START

- Call for help and inform the nature of problem. Note the time.
- Call for cardiac arrest trolley.
- Remove all potential causative agents and maintain anaesthesia.
- Give 100% oxygen and ensure adequate ventilation:
 - Maintain the airway and, if necessary, secure it with tracheal tube.
- Elevate patient's legs if there is hypotension.
- If indicated, start CPR immediately.
- Give adrenaline (Box A):
 - Consider starting an i.v. infusion if repeat boluses required.
 - If blood pressure does not recover, consider alternate vasopressor (eg metaraminol).
 - Consider glucagon in B-blocked patient unresponsive to adrenaline.
- Give i.v. crystalloid at high infusion rate (Adult 500 - 1000 ml; Child 20 ml.kg⁻¹).
- If bronchospasm is persistent → 3-4
- Take blood sample (5 - 10 ml clotted blood) for serum tryptase sample as soon as feasible.
- Give secondary treatment drugs as soon as feasible (Box B).
- Plan transfer of the patient to an appropriate critical care area.

Box A: ADRENALINE DOSES

- Adult: i.v. 50 µg (0.5 ml of 1:10 000 solution)
- Paediatric: i.v. 1.0 µg.kg⁻¹ (0.1 ml.kg⁻¹ of 1:100 000 solution)
- In absence of i.v. access: IM covers the same; adult IM dose is 0.5mg

Box B: SECONDARY DRUGS

- Give chlorpheniramine i.v.:
 - Adult: 10 mg
 - Child 6 - 12 years: 5 mg
 - Child 6 months - 6 years: 2.5 mg
 - Child < 6 months: 250 µg.kg⁻¹
- Give hydrocortisone i.v.:
 - Adult: 200 mg
 - Child 6 - 12 years: 100 mg
 - Child 6 months - 6 years: 50 mg
 - Child < 6 months: 25 mg

Box C: OTHER CPR CHANGES

Cardiac arrest → 2-1

Box D: OTHER REFERENCE INFORMATION

- Ensure subsequent repeat testing for serum tryptase.
- Link with hospital laboratory about timing and analysis of samples.
- Refer patient to a specialist allergy/immunology centre to identify the causative agent referred (see www.bsaci.org for details).
- Inform the patient, surgeon and general practitioner.
- Report to MHW (see www.mhra.gov.uk/yellowcard).

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- (1) Guideline number, name and version number.
- (2) A brief description of the clinical situation for which the guideline is written.
- (3) The body of the guideline.
- (4) Call out boxes, which may be referred to in the body text.
 - Orange = critical changes
 - Blue = drug doses
 - Green = CPR information
 - Black = equipment instructions
 - Purple = other reference information
- (5) A guideline may suggest changing to one of the other guidelines, like this: → 2-1
- (6) The guideline number is repeated for easy finding without need for a tabbed folder.

Each guideline should be used in the same simple way.

- Start at **START**.
- Work through the numbered bullet points in order.
- Where indicated, refer to the call out boxes on the right.
- Where indicated, move to another guideline.

We recommend:

- One person should read the guideline aloud; they should NOT also be the person performing the actions.
- The reader should ensure that the guideline is followed systematically, thoroughly and completely and that steps are not omitted.
- Whenever experienced help arrives, consider delegating leadership to them: they have a fresh pair of eyes and may be able to make a more clear-headed assessment.