**Anaphylaxis during Anaesthesia** 

## Post Crisis Management





## **Once Situation is Stabilised**

Consider Steroids	Dexamethasone 0.1 - 0.4 mg/kg (Paediatric maximum 12 mg) Hydrocortisone 2 - 4 mg/kg (Paediatric maximum 200 mg)
Consider ORAL Antihistamines	Consider Oral non-sedating Antihistamines when patient able to take oral medications
I.V./I.M. Antihistamines	NOT RECOMMENDED

## Consider: Proceed/Cancel/Postpone Surgery Postoperative ICU/HDU monitoring

Investigations	<ul> <li>Tryptase at 1 hour, 4 hours and &gt; 24 hours Send to laboratory for processing ASAP If &gt;1 hour to laboratory then refrigerate Use serum (SST) or plain tube</li> <li>Other investigations as clinically indicated</li> <li>Coagulation screen if proceeding with surgery</li> </ul>
Observations	<ul> <li>Monitor closely for 6 hours</li> <li>Consider 24 hours ICU/HDU if moderate to severe</li> <li>Anaphylaxis may persist for &gt;24 hours despite aggressive treatment</li> </ul>

Letter with Patient: Reaction Description + Agents Used Refer Patient for Testing and Allergy Assessment For referral form & to locate nearest testing centre go to www.anzaag.com