

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VIII-102 INTRAOPERATIVE MANAGEMENT OF ADVERSE DRUG REACTIONS/ANAPHYLAXIS	POLICY #: 1259
	VERSION: 2
APPROVED BY: Aram. Messerlian (CHIEF PHYSICIAN I ANESTHESIOLOGY), Beryl Brooks (ADMR, COMP AMB HEALTH CARE CENTER), Leila Adriano (NURSE MANAGER)	
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PURPOSE: To provide guidelines for management of intra-operative adverse drug reactions and/or anaphylaxis.

POLICY: Anesthesia providers are responsible for the assessment, treatment, documentation, and reporting of any intraoperative adverse drug reaction or anaphylaxis.

PROCEDURE:

- A. All patients with signs/symptoms of anaphylaxis should be treated promptly as follows:

Initial Therapy:

1. Stop administration of any possible antigen.
2. Inform the surgeons. Check to see whether they have injected or instilled a substance. Prepare to terminate the surgical procedure if no response to treatment.
3. Maintain the patient's airway and support oxygenation and ventilation. Increase FIO₂ to 100%. Intubate if necessary. The airway and larynx can become very edematous.
4. If hypotension is present, decrease or stop administration of anesthetic agents. If the patient is normotensive, continue administration of volatile anesthetic agents to counteract bronchospasm, if present.
5. Expand the circulating fluid volume rapidly. Insert a large-bore IV catheter and administer large volumes of fluids. Immediate fluid needs may be massive (several liters of crystalloid).
6. Epinephrine is the drug of choice for treatment of anaphylaxis. For hypotension, 5-10 mcg increments, repeat as necessary with escalating doses. For cardiovascular collapse, use ACLS doses, 500-1000 mcg boluses.

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Secondary Treatment:

1. Antihistamines: Administer an H₁ blocker IV, Diphenhydramine, 0.5-1 mg/kg.
2. Catecholamine infusions: Starting doses: epinephrine 5-10 mcg/min, Norepinephrine 5-10 mcg/min, as an infusion, titrated to the desire effect.
3. B₂ specific drugs-bronchodilators for severe or refractory bronchospasm; inhaled Albuterol or Terbutaline.
4. Corticosteroids: Hydrocortisone 0.25-1 gram or Methylprednisolone 1-2 grams in 100-mg increments.
5. Airway evaluation prior to extubation.
6. Persistent hypotension: Consider vasopressin
7. In the absence of any other cause, consider latex allergy, Removal all latex products in contact with the patient, including surgical gloves, medications drawn up through latex stopper, urinary catheter.
8. Place urinary catheter if large amounts of fluid has been administered.
9. Following anaphylaxis, arrange and transfer patient to Antelope Valley Hospital.
10. Document all events in the patient's medical record.
11. Report event on Safety Intelligence (SI).

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