HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: VIII-103 INTRAOPERATIVE MANAGEMENT OF ACUTE BRONCHOSPASM	**POLICY #**: 1260
	VERSION: 2
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PURPOSE: To ensure proper management of intraoperative bronchospasm.

POLICY: Anesthesia providers are responsible for the assessment, treatment, and documentation of an intraoperative acute bronchospasm

PROCEDURE:

Bronchospasm is traditionally detected by characteristic wheezing (usually more pronounced on expiration). However, in an anesthetized patient, the typical wheezing may not be as pronounced and the first clinical signs of bronchospasm may include difficulty ventilating the lungs (increased resistance) and severe hypotension.

The following procedures are to be followed during an acute bronchospasm under anesthesia:

1. Patient should be placed on 100% oxygen.
2. Check the placement of endotracheal tube to make sure endotracheal tube is in the correct place.
3. Attempt hand ventilation. This may improve minute ventilation at lower airway pressure.
4. Deepen anesthesia to potentially reverse bronchospasm.
5. Ketamine may be used to facilitate release of endogenous catecholamines, which in turn can induce bronchodilatation and restore circulation.
6. Inhaled or intravenous Beta-2 adrenergic agonists, anticholinergic agent, and/or steroids can be used.
    - Metered dose inhalers – 10-15 puffs/ETT
    - In-line nebulizers
    - Sub-Q Terbualine – 0.25 milligrams, which may be repeated in 15-30 minutes.
    - Racemic Epi or systemic Epi

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