COVID19 – MANAGING PATIENTS WITH AMINOSTEROID ALLERGY

RNS ASCAR

Aim regional / neuraxial | **Minimise cough** | **Avoid cross-reactivity**

FOLLOW ANAESTHETIC ALLERGY LETTER IF AVAILABLE.
CALL ALLERGY TEAM IF HELP NEEDED *

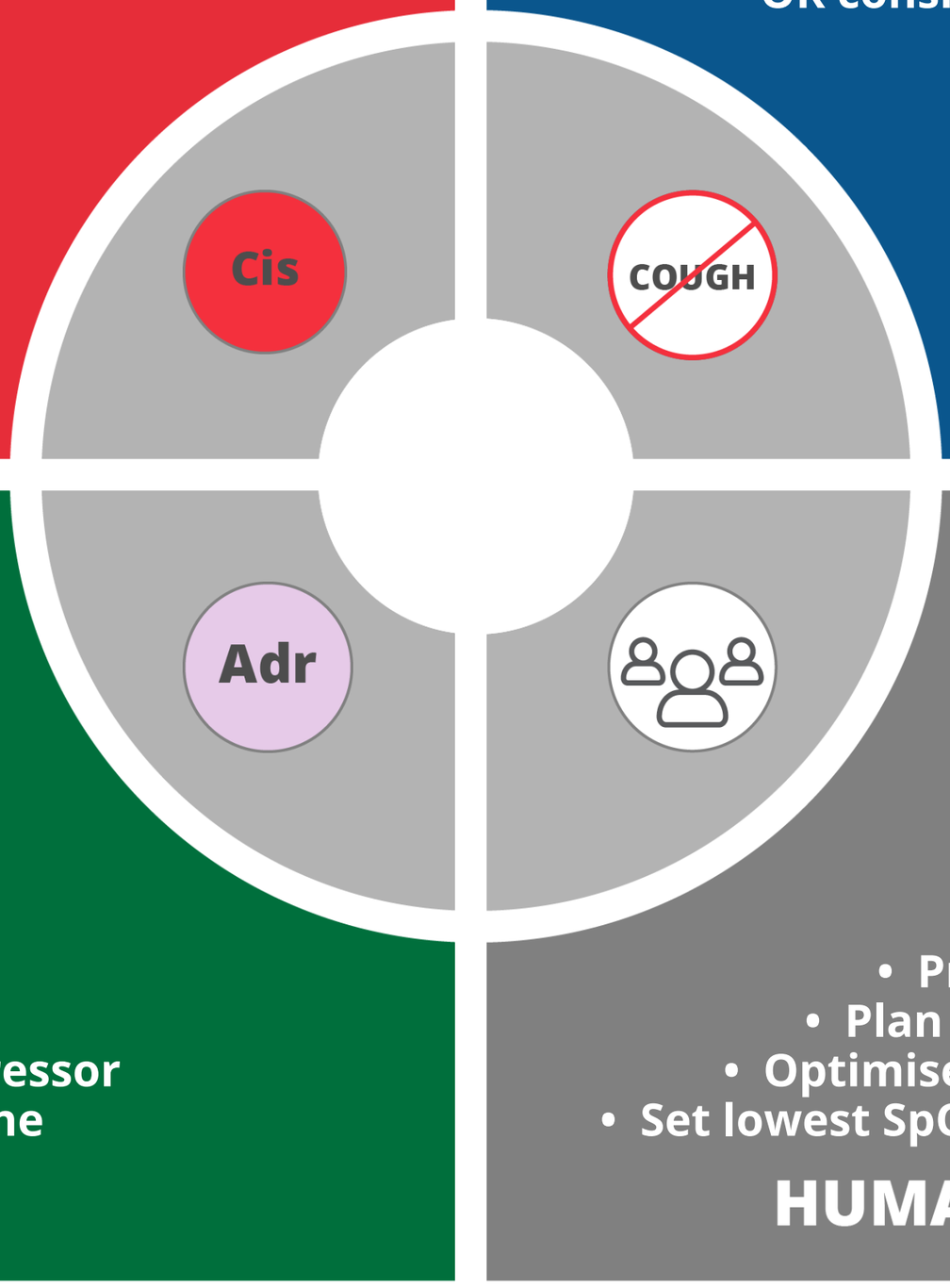
SUBSTITUTE

- Cis 0.25 mg/kg LBW
- Wait 2 mins to intubate
- Use NMJ monitor
- Avoid Sux

ADJUNCTS

- Glycopyrrolate 5 mcg/kg
- IV lignocaine 1.5 mg/kg
- Alfentanil 10 mcg/kg

OR consider Remifentanil



PREPARE

- Arterial line
- Connect vasopressor
- Dilute adrenaline

HUMAN FACTORS

- Print ANZAAG aids
- Plan for donning time
- Optimise communication
- Set lowest SpO2 for rescue PPV

Cis

- Consider cisatracurium **0.5 mg/kg (LBW)** if no plan to extubate.
- No evidence this dose reduces time to ideal intubating conditions.
- For reversal - use NMJ monitor. Ensure TOF > 2. Administer neostigmine + glycopyrrolate/atropine at least 10 mins before extubation.

COUGH

- Adjuncts essential to avoid cough. Recommend glycopyrrolate + lignocaine +/- opioid.
- IV lignocaine risks bradyarrhythmias + vasoplegia in patients on beta-blockers and Ca/Na channel blockers.
  - Administer 10 mins prior to intubation if time allows.
- Remifentanil risks chest wall rigidity.

- Set lowest SpO2 threshold for rescue oxygenation / PPV.
- Print ANZAAG anaphylaxis aids, caution with inhalational therapies via anaesthetic circuit.
- Allow for "donning time" when considering calling for help + establish communication to runner.

Adr

- Dilute adrenaline e.g. 10 mcg/mL or 100 mcg/mL.
- Ensure vasopressor connections are secure.

*** Allergy Team:** Dr Sarah Green 0422 358 470 – Dr Marc Capon 0451 077 482 – Dr Ben Krupowicz 0404 450 431

Collaboration between RNS Perioperative Allergy Service + RNS ASCAR

 @RnsAscar v1.3 Apr 2020