DOSES BELOW

Suspected perioperative anaphylaxis

START HERE · Give oxygen and stop likely triggers
Call for help. Give 100% oxygen, verify ventilation and treat shock promptly. Skin signs may be absent.

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Pulse present and IV route available?

Pulse and working IV	For monitored perioperative anaphylaxis, give IV epinephrine in the specified dilution and rapid IV crystalloid. Reassess each dose.
Pulse, IV unavailable	Give IM epinephrine into the anterolateral thigh while securing IV or IO access.
Persistent shock despite boluses	Start a monitored epinephrine infusion using the local preparation. Check alternative causes and consider glucagon with beta blockade.
Pulseless	Start CPR and switch immediately to adult cardiac arrest dosing. Cardiac arrest in the operating room

DOSE AND ADMINISTRATION

Epinephrine · IV, pulse present Guideline	**Adrenaline 50 micrograms IV (0.5 mL at 100 micrograms/mL).** [7]
Epinephrine · IM, no IV Guideline	**Adrenaline 10 micrograms/kg IM, maximum 500 micrograms, using 1 mg/mL.** [7]
Crystalloid · initial bolus Guideline	**Crystalloid 500-1,000 mL IV initially.** [7]
Epinephrine · refractory shock infusion Guideline	**RCUK fallback: 0.5 mg in a final 50 mL (10 micrograms/mL). Start at 0.5–1 mL/kg/h and titrate under continuous monitoring.** [7]
Glucagon · selected beta blockade Guideline	**If indicated for refractory shock in an adult taking beta blockers: glucagon 1 mg IV.** [7]

Reassess and escalate · After stabilization, arrange serial tryptase per local timing and allergy referral.

Clinical scope · The IV dose is specific to monitored perioperative care with trained staff and IV access. Use the linked algorithm for absent IV access, infusion, refractory shock and arrest.

Official algorithm

Sources [6] RCUK ALS 2025 • [7] RCUK perioperative anaphylaxis