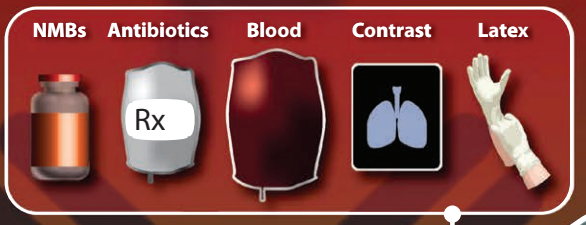
Perioperative Cardiac Arrest: *Focus on Anaphylaxis*

When compared to out-of-hospital cardiac arrests, such events that occur in the perioperative setting are unique with respect to their etiology, the fact that they are often witnessed firsthand and their significant departure from standard ACLS algorithms. A mnemonic device for the general approach to anaphylaxis is illustrated below.



Fluids

Remove offending agents

Epinephrine

100-300 mcg IV or 300-500 mcg IM for impending arrest
100-1000 mcg IV for definitive cardiac arrest

Steroids (50 - 150 mg hydrocortisone or equivalent)

Histamine blockers (50mg diphenhydramine 20 mg famotidine)

Airway (FiO2 of 1.0, briefly disconnect ventilator to treat auto-PEEP)

CPR

Tryptase

ICU

For a minimum of 24 hours

Vasopressin

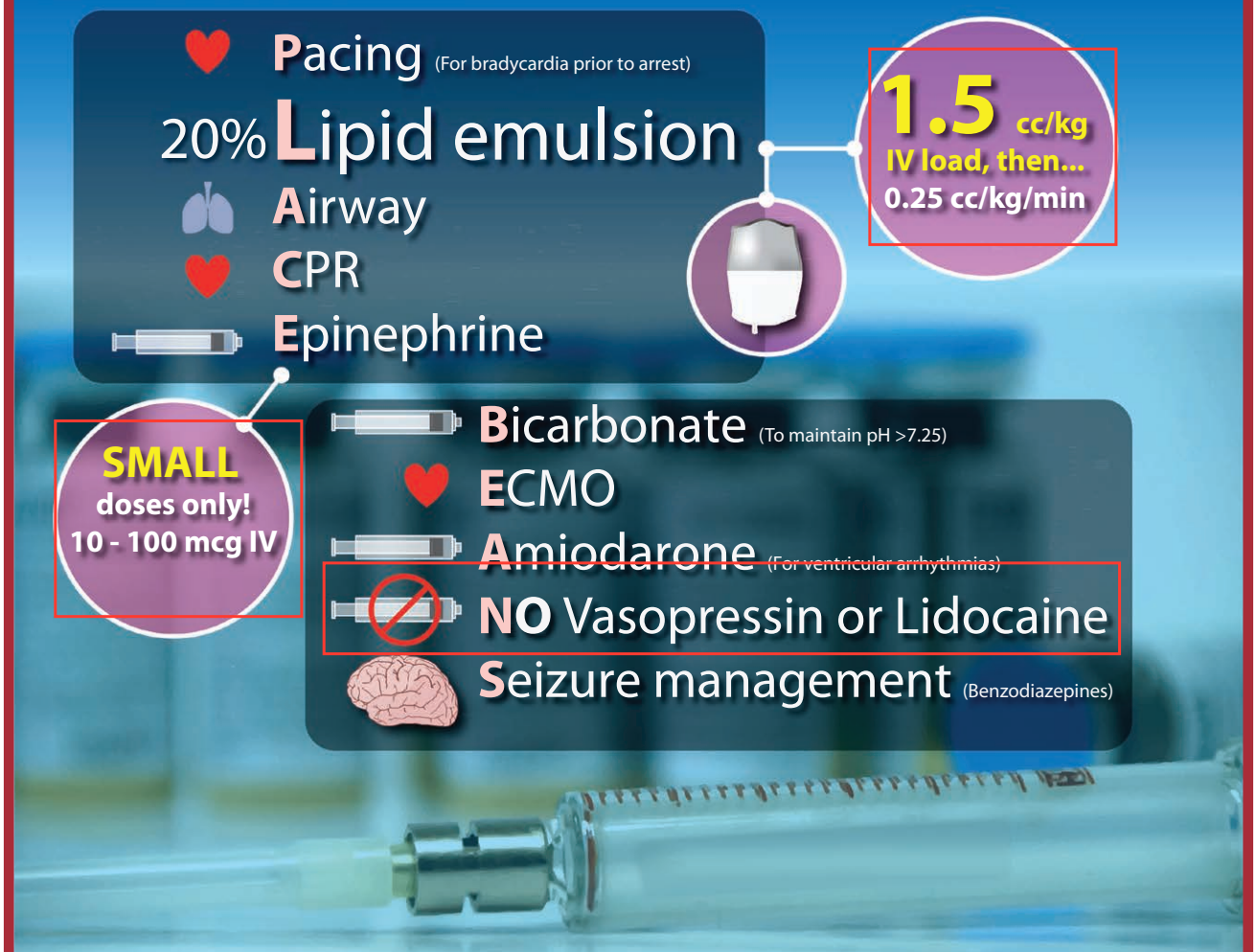
2 U IV for impending arrest unresponsive to epi
40 U IV during arrest unresponsive to epi

ECMO

Review articles contained in this issue elaborate the unique characteristics of in-hospital, perioperative cardiac arrest and delineate the approach to eight clinical scenarios[1,2]. The reader is encouraged to explore these reviews for further detail.

Perioperative Cardiac Arrest:
Focus on Local Anesthetic Systemic Toxicity (LAST)

When compared to out-of-hospital cardiac arrests, such events that occur in the perioperative setting are unique with respect to their etiology, the fact that they are often witnessed firsthand and their significant departure from standard ACLS algorithms. A mnemonic device for the general approach to LAST is illustrated below.

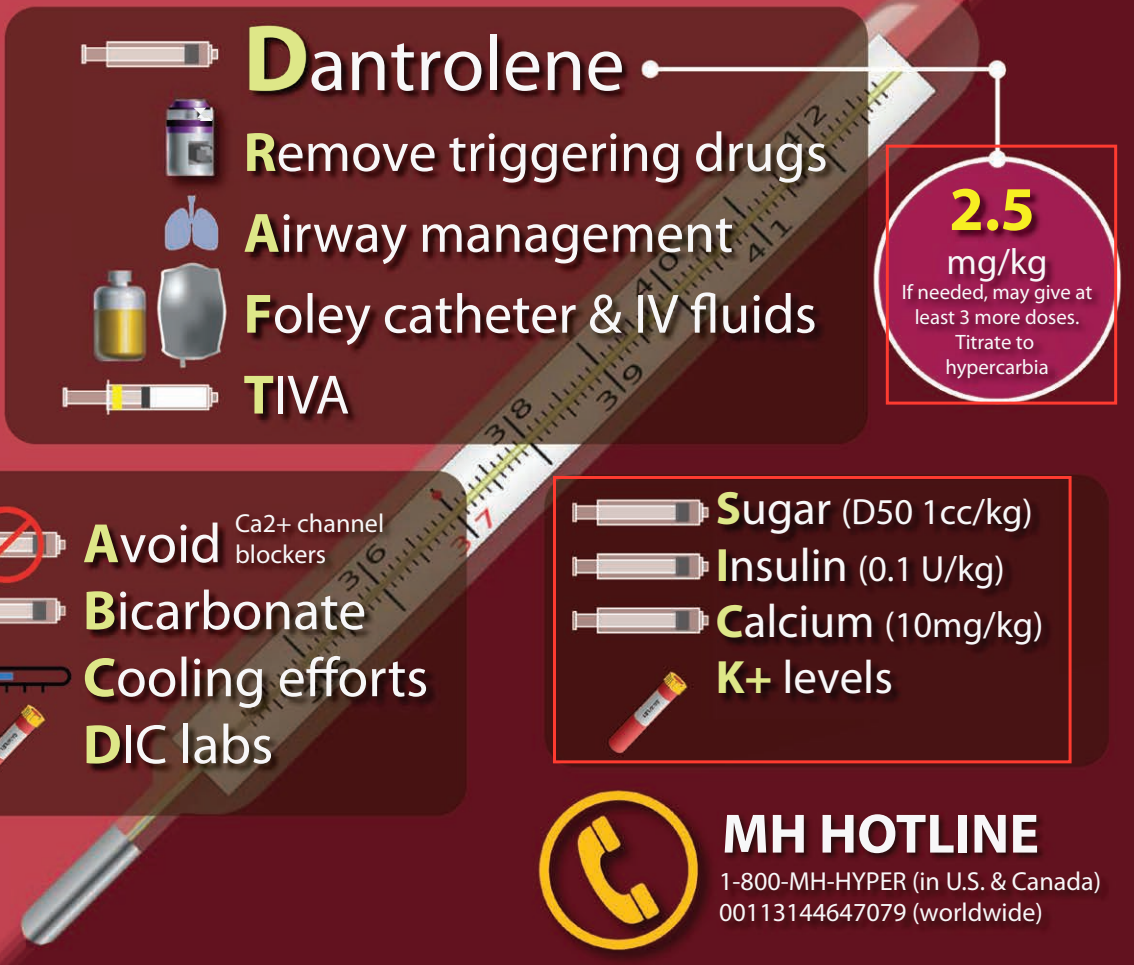


Review articles contained in this issue elaborate the unique characteristics of in-hospital, perioperative cardiac arrest and delineate the approach to eight clinical scenarios[1,2]. The reader is encouraged to explore these reviews for further detail.

ANESTHESIA & ANALGESIA® Infographic

Perioperative Cardiac Arrest: *Focus on Malignant Hyperthermia (MH)*

When compared to out-of-hospital cardiac arrests, such events that occur in the perioperative setting are unique with respect to their etiology, the fact that they are often witnessed firsthand and their significant departure from standard ACLS algorithms. A mnemonic device for the general approach to MH is illustrated below.



Review articles contained in this issue elaborate the unique characteristics of in-hospital, perioperative cardiac arrest and delineate the approach to eight clinical scenarios[1,2]. The reader is encouraged to explore these reviews for further detail.

This month's issue of *Anesthesia & Analgesia* offers a review of cardiac arrest within the contextual framework of the perioperative setting. Undeniable distinctions in management emerge when such events occur within the boundaries of the operating room and postanesthesia recovery unit. Departures from conventional management algorithms defined for out-of-hospital cardiac arrest are elaborated in detail. In this series of infographics, we see simplified visual aids that capture the salient management features of anaphylaxis, local anesthetic systemic toxicity, and malignant hyperthermia.

The Infographic is composed by Naveen Nathan, MD, Northwestern University Feinberg School of Medicine (n-nathan@northwestern.edu). Illustration by Naveen Nathan, MD.

The author declares no conflicts of interest.

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