Anaphylaxis management guidelines: Lessons from simulation

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**Introduction**

It is often challenging to ensure that best practice guidelines for the management of emergencies are followed, particularly during clinical emergencies (1). Following the development of the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) consensus guidelines a cognitive aid was designed to assist clinicians in following the guidelines (2). Unfortunately, as with any other device used in clinical practice, the introduction of a cognitive aid can have unintended consequences (3). Checklists, algorithms and other cognitive tools must be tested in realistic settings before widespread introduction.

**Aims**

To test the effects of the introduction of two types of cognitive aid on team performance in a simulated intraoperative anaphylaxis.

**Methods**

A multicentre randomised repeated measures trial. Each of the 24 teams undertook three scenarios in a randomised order of no aid, a linear and a branched cognitive aid. Audiovisual recordings were taken and assessed by two specialist anaesthetists for technical failures and team performance using the Auckland team score.

**Results**

Teams were able to communicate and coordinate their activities more effectively when the linear cognitive aid was provided. No differences in technical performance identified between the three conditions. Several teams were seen to perform unsafe actions such as restarting the presumed triggering agent.

**Conclusions**

The designs of cognitive aids have important effects on team processes such as communication and coordination. Although no differences in technical performance were identified, several suggestions were noted for improving the clarity of information provided and to prevent dangerous actions. Cognitive aids should be tested prior to being introduced into clinical practice.

**References**