# MEDICAL ALERT

# CARCINOID CRISIS

**I have a neuroendocrine cancer and I am at risk of a carcinoid crisis (labile blood pressure, arrhythmias, bronchospasm, flushing) if I have invasive medical or surgical problems.**

The management of carcinoid crisis is intravenous octreotide. This can be given as an infusion or by intermittent bolus to control symptoms.

I will need perioperative prophylactic treatment of intravenous octreotide for acute surgery. I may need additional intravenous octreotide if I still have symptoms. A lower dose can be given subcutaneously for more minor procedures.

**ALL DOSAGES GIVEN ON THE REVERSE OF THIS CARD**

## For prophylaxis:

Preoperative bolus of 100-1000µgm of octreotide and then infusion of 100-1000µgm per hour during surgery and continued post-op for 24-48 hours.

Intermittent boluses (100-1000µgm) can also be given as required.

**Intraoperatively avoid use of morphine, pethidine, codeine, atracurium and mivacurium.**

## For unexpected carcinoid crisis:

Bolus IV Octreotide 100-1000µgm, followed by the infusion above

*(Kaltsas et al 2017)*

**Avoid use of adrenaline and noradrenaline.**

*This card is issued by:*

NeuroEndocrine Cancer Australia

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