

Malignant Hyperthermia Response Reference Guide

Courtesy of VA Southern Nevada Healthcare System

Treatment	Action Step
Stop	Immediately discontinue the volatile anesthetic and succinylcholine.
Help	Call for help and alert the surgeon to conclude the procedure promptly.
Administer Dantrolene	Prepare and administer 2.5 mg/kg dantrolene IV bolus and repeat as necessary every 5 to 10 minutes until symptoms abate.
Hyperventilate	Administer 100% oxygen at high flows (at least 10 L/min) through new circuit tubing.
Cool	If fever is present, initiate cooling by lavage administration of chilled IV normal saline and surface cooling. Stop cooling measures at core body temperature of 38.5°C.
Treat Dysrhythmias	Dysrhythmias will usually respond to treatment of acidosis or hyperkalemia. Treat persistent or life-threatening arrhythmias with standard antiarrhythmic agents. Important: Do not administer calcium channel blockers with dantrolene.
Check Labs	Check arterial blood gases, serum electrolytes and blood glucose until syndrome stabilizes. Also check coagulation profile, CK, blood and urine myoglobin, and liver enzyme levels.
Treat Hyperkalemia	Treat hyperkalemia with hyperventilation, bicarbonate, and IV insulin and glucose. For refractory hyperkalemia, consider albuterol, kayexalate, dialysis or extracorporeal membrane oxygenation if patient is in cardiac arrest. Correct severe metabolic acidosis with sodium bicarbonate, 1 mEq/kg to 2 mEq/kg, guided by pH and base deficit.
Maintain Urine Output	Maintain urine output greater than 1 ml/kg per hour with hydration, furosemide (0.5 to 1.0 mg/kg) and mannitol as needed.