

**POLICY AND PROCEDURE MANUAL
 PHARMACY SERVICES**

 CODE: 3.35.0
 DATE: 12/8/2011
 REVISED: 11/27/2017, 4/19/2022,
 9/27/2023
 APPROVED: Think Tran, Pharm. D
 MEC APPROVED: 12/14/11, 8/23/13, 9/24/14
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 SECTION: INPATIENT PHARMACY SERVICES
 SUBJECT: MALIGNANT HYPERTHERMIA

POLICY: Provide Malignant Hyperthermia treatment in a timely manner.

I. BACKGROUND INFORMATION

- A. Malignant hyperthermia (MH) is a potentially lethal syndrome caused by a hypermetabolic response of skeletal muscle that can be triggered in susceptible individuals by succinylcholine and volatile inhalation agents such as halothane, isoflurane, desflurane, sevoflurane, and enflurane.
- B. The patient experiencing an MH episode must be stabilized immediately with multiple doses of dantrolene because, in some cases, MH progresses with explosive rapidity.

II. PROCEDURE:
A. MALIGNANT HYPERTHERMIA IN THE SURGICAL AREA

1. In case of MH episode or crisis in the surgical areas, OR staff will respond.
2. The MH kit is located in the same room as the Anesthesia Pyxis MedStation.
3. MH kit will be filled by the Pharmacy Department and checked and sealed by a pharmacist.

B. MALIGNANT HYPERTHERMIA IN THE INTENSIVE CARE UNIT (ICU)

1. In case of Malignant Hyperthermia episode or crisis in the ICU area, the ICU staff will respond.
2. The MH kit is located in the ICU medication room.
3. MH kit will be filled by the Pharmacy Department and checked and sealed by a pharmacist.

C. MALIGNANT HYPERTHERMIA MEDICATION LIST
(MHAUS Guidelines)

<u>Medication</u>	<u>Qty</u>	<u>Medication</u>	<u>Qty</u>
RYANODEX (dantrolene) 250 mg Vial	2	Calcium Chloride 10%, 10 mL	2
Sterile Water for injection 10 mL <i>(preservative free, single dose)</i>	2	Lidocaine 100 mg/5 mL	3
Sodium Bicarbonate 8.4% 50 mL	5	Amiodarone 150 mg/3 mL	3
Dextrose 50%, 50 mL	2	Regular Insulin 100 unit/mL (in refrig)	1
		Normal Saline 1000 mL bag (in refrig)	3

*Sterile water for injection will be used to reconstitute RYANODEX. RYANODEX will not be reconstituted with any other solution (e.g. 0.9% NaCl, 5% Dextrose). A sticker will be affixed to the outside of the MH kit stating "Only Reconstitute RYANODEX with Preservative-free Sterile Water for Injection"

Reviewed: 7/6/2017bdk, 4/19/2022 TT, 9/27/2023 TT

 Approved by: 

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D. ACUTE PHASE TREATMENT

1. Discontinue volatile agents or succinylcholine.
2. Hyperventilate with 100% oxygen at flows of 10 L/min or more.
3. Administer RYANODEX 2.5 mg/kg rapidly through large-bore IV
 - a. Reconstitute each vial with 5 mL sterile, preservative free water for injection.
 - b. Shake vial to ensure an orange colored, opaque suspension and inspect for any visible particulates. Vials must be used within 6 hours of reconstitution.
4. If signs and symptoms reappear, repeat administration of RYANODEX 2.5 mg/kg Q5 minutes intravenous push, with a maximum cumulative dosage of 10 mg/kg.
5. Sodium bicarbonate can be given for metabolic acidosis
6. Sodium bicarbonate infusion will be administered to alkalinize urine for the prevention of myoglobinuria-induced renal failure if necessary.
7. Cool the patient with core temperature greater than 39°C and lavage open body cavities, stomach, bladder, and or rectum.
 - a. Apply ice to surface.
 - b. Infuse cold saline located in the refrigerator intravenously (to lower the body temperature).
 - c. Stop cooling if temperature drops below 38°C.
8. Treat dysrhythmias with standard medication but avoid calcium channel blockers. Calcium channel blockers in the presence of dantrolene may cause hyperkalemia and/or cardiac arrest.
9. Treat hyperkalemia with hyperventilation, sodium bicarbonate injection, glucose (50% dextrose injection), regular human insulin injection, and/or calcium injection.
10. Lidocaine should not be given if a wide-QRS complex arrhythmia is likely due to hyperkalemia: this may result in asystole.

E. POST ACUTE PHASE TREATMENT

10. Administer dantrolene 1 mg/kg every 4-6 hours or 0.25 mg/kg/hour by infusion for at least 24 hours.
11. Monitor for signs and symptoms of rhabdomyolysis and myoglobinuria and initiate sodium bicarbonate infusion if necessary.