



Managing Risks Associated With Malignant Hyperthermia

Malignant hyperthermia (MH) is a serious condition that can develop in response to the administration of certain anesthetic agents and/or the muscle relaxant succinylcholine. Although rare, MH can develop rapidly and lead to severe patient harm or death. Thus, anesthesia providers, surgeons, and surgical team members need to take steps to prevent MH when possible and to respond quickly and appropriately when it occurs.

This checklist can help healthcare facilities and providers who administer anesthesia assess their current MH protocols and identify any gaps or improvement opportunities.¹

	Yes	No
Prevention		
Do all surgical patients undergo a thorough medical/family history and physical?		
As part of the preoperative screening process, are patients asked about their anesthetic history, including whether they:		
 Have ever had general anesthesia before and whether they had any reactions to it? 		
 Know of any blood relatives who have had MH? 		
 Know of any blood relatives who have had adverse outcomes or who have died because of anesthesia? 		
Is airway assessment part of routine preoperative screening for patients undergoing general anesthesia?		
Do patient undergo baseline testing prior to surgery (e.g., complete blood count, electrocardiogram, liver function tests, comprehensive metabolic panel, creatine kinase, urinalysis, etc.)?		

	Yes	No
Prevention (continued)		
Does the surgical team obtain baseline vital signs (e.g., temperature, heart rate, and blood pressure) prior to commencing surgery?		
Does an anesthesia specialist evaluate patients who have muscular disorders prior to surgery?		
Do anesthesia providers take the lead on developing preventive measures for patients who are identified as MH susceptible?		
Education		
Do all members of the perioperative team receive periodic training about MH, including information about signs/symptoms and treatment?		
Does your organization conduct table-top exercises and simulation drills to assess preparedness for managing MH?		
Are members of the surgical team educated about which anesthetics are safe and unsafe for patients at risk of MH?		
Do anesthesia providers know how to prepare anesthesia machines for patients who are at risk of MH?		
Is the surgical team knowledgeable about the risk factors for MH, such as family history, myopathies, and musculoskeletal disorders?		
Do all members of the surgical team receive adequate information about dantrolene (the antidote for MH), including indications, dosage and administration, and adverse reactions?		
Are visual aids, such as pocket guides and posters, used to reinforce key facts about MH and provide critical information, such as the Malignant Hyperthermia Association of America's emergency hotline (1–800–644–9737)?		
Emergency Response and Follow-Up		
Is the surgical team aware of and alert to potential early and advanced signs of MH, and do they know that these signs can develop at different times during anesthesia administration and following surgery?		

	Yes	No
Emergency Response and Follow-Up (continued)		
Are patients' core body temperatures monitored throughout procedures involving general anesthesia that last longer than 30 minutes?		
Have members of the surgical team been assigned specific responsibilities to perform if MH occurs?		
Are MH emergency management kits or carts that include appropriate medications and equipment readily accessible?		
Has your facility determined the appropriate number of MH emergency kits or carts based on its size and the proximity of anesthetizing locations?		
Does your facility have a well-defined protocol for responding to MH that includes, at minimum, guidance for:		
 Notifying the surgeon and terminating the procedure (if possible)? 		
 Withdrawing the triggering anesthetic agent and maintaining general anesthesia with nontriggering anesthetics? 		
Calling for internal or external emergency help?		
 Procuring an MH emergency management kit or cart? 		
 Intubating and ventilating the patient? 		
Administering dantrolene intravenously?		
 Providing rescue efforts to the patient, such as lowering the room temperature, using cooling blankets or ice packs, and administering intravenous fluids? 		
 Treating possible complications that may develop, such as hyperkalemia, metabolic acidosis, and arrhythmias? 		
 Monitoring the patient's vital signs and other pertinent measures, such as arterial blood gas, urine output, coagulation, creatine kinase, and electrolytes? 		
 Transferring the patient to the postanesthesia care unit or intensive care unit and managing/monitoring the patient postoperatively? 		

	Yes	No
Emergency Response and Follow-Up (continued)		
If your facility is an ambulatory surgery center or outpatient setting, do you have an effective plan in place to transfer patients to a nearby hospital for emergency medical care?		
Does facility protocol require that providers stabilize patients prior to hospital transfer?		
Does your facility have guidance for steps to take following a known or suspected MH occurrence, such as protocols for documenting the event, following-up with the patient about further testing, and reporting the event to the North American Malignant Hyperthermia Registry?		

Resources

- American Association of Nurse Anesthesiology: Malignant Hyperthermia
- American Dental Association: Guidelines for the Use of Sedation and General Anesthesia by Dentists
- American Society of Anesthesiologists: A Primer for Diagnosing and Managing Malignant Hyperthermia Susceptibility
- Malignant Hyperthermia Association of the United States: Healthcare Professionals
- Pennsylvania Patient Safety Authority: Malignant Hyperthermia: Is Your Facility Prepared to Treat This Rare Condition?

Endnotes

¹ The information in this checklist is based on the following sources: Pennsylvania Patient Safety Authority. (2008). Malignant hyperthermia: Is your facility prepared to treat this rare condition? *Pennsylvania Patient Safety Advisory, 5*(3), 90-95. Retrieved from http://patientsafety.pa.gov/ADVISORIES/Pages/200809_90.aspx; Malignant Hyperthermia Association of the United States. (n.d.). Healthcare professionals. Retrieved from www.mhaus.org/healthcareprofessionals/; Rosenbaum, H. K., & Rosenberg, H. (2022, March 25 [last updated]). Malignant hyperthermia: Diagnosis and management of acute crisis. *UpToDate*. Retrieved from www.wolterskluwer.com/en/solutions/uptodate; Watt, S., & McAllister, R. K. (2023, January 16 [last updated]). Malignant hyperthermia. *StatPearls*. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK430828/; Criscitelli, T. (2012, September 7). Clinical concerns — managing malignant hyperthermia. *Outpatient Surgery*. Retrieved from www.aorn.org/outpatient-surgery/article/2012-Septemberclinical-concerns-managing-malignant-hyperthermia; American Association of Nurse Anesthesiology. (2018). *Malignant hyperthermia crisis preparedness and treatment position statement*. Retrieved from www.aana.com/docs/defaultsource/practice-aana-com-web-documents-(all)/professional-practice-manual/malignant-hyperthermia-crisispreparedness-and-treatment.pdf?sfvrsn=630049b1_10

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