DOSES BELOW

Suspected malignant hyperthermia

START HERE · Stop triggers and bring the MH cart
Unexplained rising $ETCO_2$, rigidity or acidosis: stop volatile agents and succinylcholine. Ventilate with 100% oxygen at 10 L/min and give dantrolene.

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What persists after starting dantrolene?

Hypermetabolism persists	→ Repeat dantrolene until controlled. If more than 10 mg/kg is required, consider other diagnoses while continuing assessment.
Hyperthermia or hyperkalemia	→ Cool if core temperature is above 39 °C or rising rapidly. Stop cooling below 38 °C. Treat hyperkalemia and acidosis. Acute hyperkalemia in adults
Controlled	→ Transfer to monitored ICU care and continue maintenance dantrolene. Monitor temperature, CK, potassium, gases and urine.

DOSE AND ADMINISTRATION

Dantrolene · initial rescue Guideline	**Dantrolene 2.5 mg/kg IV initially. Repeat to clinical response. Reconstitute according to the stocked product.** [8]
Insulin and glucose · MH hyperkalemia Guideline	**For MH-associated hyperkalemia in adults, MHAUS uses regular insulin 10 units IV with 25 g dextrose IV (50 mL of 50%). Check glucose at least hourly under the local pathway.** [8]
Dantrolene · after initial control Guideline	**Maintenance dantrolene 1 mg/kg IV every 4-6 h for at least 24 h. Use MHAUS clinical criteria to space or stop.** [8] [40]

Reassess and escalate · Use the stocked dantrolene formulation’s reconstitution instructions. Avoid calcium-channel blockers with dantrolene.

Clinical scope · Follow the formulation-specific reconstitution and the full MHAUS crisis algorithm. Some cases require more than 10 mg/kg. Arrange monitored post-crisis care.

Official algorithm

Sources [8] MHAUS acute crisis • [40] MHAUS dantrolene after crisis