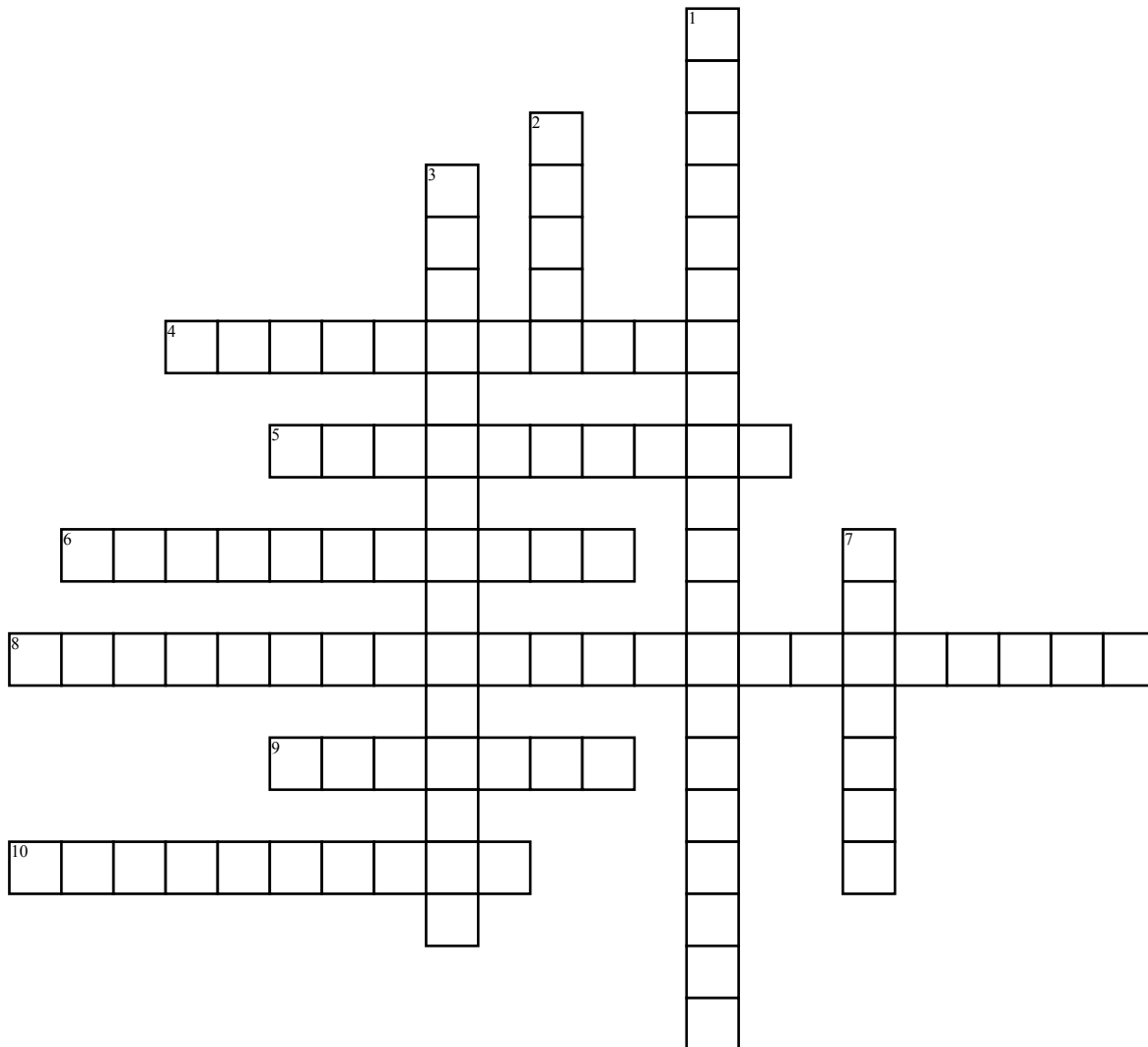


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Malignant Hyperthermia



## Across

4. \_\_\_\_\_ is often the first sign of an acute MH event and may be mistaken for light anesthesia.
5. The Malignant Hyperthermia Association of the United States has a hotline that should be called during any acute MH event to help manage the crisis. They are available \_\_\_\_\_ hours a day.
6. One of the most sensitive and early indicators of MH crisis is an unanticipated increase in \_\_\_\_\_.
8. Do not use \_\_\_\_\_ when treating arrhythmias. They can cause hyperkalemia and cardiac arrest when used in conjunction with Dantrolene.
9. If your patient's core temperature is greater than 39 degrees Celsius (102.2F) proceed with \_\_\_\_\_.

10. If an acute MH event is identified it is crucial to give \_\_\_\_\_ 2.5 mg/kg as soon as possible. This should be repeated as frequently as needed until the patient responds with a decrease in ETCO<sub>2</sub>, decreased muscle rigidity, and lowered heart rate.

## Down

1. \_\_\_\_\_ is often a late sign of MH
2. If your patient develops a \_\_\_\_\_, consider Malignant Hyperthermia (MH) as a differential diagnosis of any unexpected temperature rise.
3. An acute MH event may be precipitated by the administration of volatile inhalation anesthesia agents and depolarizing muscle relaxants such as \_\_\_\_\_.
7. When an acute MH event is identified the triggering agent should be immediately \_\_\_\_\_.