

Physician Orders ADULT: Malignant Hyperthermia Post Acute Phase Management Plan						
Initiate Orders Phase Care Sets/Protocols/PowerPlans						
$\overline{\checkmark}$						
Phase: Malignant Hyperthermia Post Acute Phase, When to Initiate: Malignant Hyperthermia Post Acute Phase Admission/Transfer/Discharge						
	Transfer Pt within current facility To PACU, from OR as soon as clinically stable. (DEF)* Level of Care: Critical Care					
	Problem: Malignant Hypothermia					
Vital Signs						
☑	Vital Signs Monitor and Record T,P,R,BP, Monitor Q15min for the first 24 hrs then per unit policy.					
	Arterial Blood Pressure Monitoring <i>q15min</i>					
2	Nursing Communication Monitor core body temperature via Foley temp probe continuously and record q15 minutes for first 24 hours.					
Patient						
	Cooling Measures (NOTE)*					
V	Ice Pack Apply Other, See Comments, Ice Pack, Ice major arteries: groin, axilla, neck for core temp greater than 38 degrees Celsius.					
	NGT					
	Lavage, NGT to ice lavage for core temp greater than 38 degrees Celsius.					
	Foley Insert-Follow Removal Protocol Insert 3 way foley to ice lavage.					
	Rectal Tube Insert to ice lavage for core body temp greater than 38 degrees Celsius.					
	Cold Apply Other, See Comments, Body, Cooling Blanket for core temp greater than 38 degrees Celsius.					
$\overline{\mathbf{A}}$	Bedside Glucose Nsg g2h(std), For 24 hr					
~	Intake and Output q1h(std)					
	Foley Insert-Follow Removal Protocol Reason: Strict UOP (q30 min or q1 hr) in ICU, Size: 3 way w/temp probe, to bedside gravity drainage.					
$\overline{\mathbf{A}}$	Observe For					
	Change in LOC, cardiac dysrhythmias chg from baseline, s/s of pulmonary edema, urine output less than 2mL/kg/hr, excessive bleeding, muscular weakness, rigidity, s/s of compartment syndrome: decreased blood flow i.e. (skin mottling, decrease pulses)					



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Comments: Additional symptoms: cold extremities and/or swelling of hands and feet.						
IV Insert/Site Care						
Routine, q4day, Preferred Gauge: 18G, For administration of Dantrolene medication ONLY. Nursing Communication						
☑ Nursing Communication						
Do NOT administer Calcium Channel Blockers.						
Nursing Communication Dantrolene is a vesicant. Ensure proper needle/catheter placement prior to administration. If						
extravasation occurs, leave cannula/needle in place; and gently aspirate extravasated solution. Comments: Do NOT flush the line. Remove needle/cannula, elevate extremity.						
Nursing Communication						
Add allergies: inhalation anesthetics and succinylcholine, each with a reaction symptom of malignant hyperthermia, if not already done						
Respiratory Care						
CO2 Monitor g15min For 24 hr, Special Instructions: Continuously monitor and record.						
\square O2 Sat-Continuous Monitoring (RT)						
q15min For 24 hr, Special Instructions: Record q15 minutes						
ABG- RT Collect						
Stat once ABG- RT Collect						
<i>q8h For 40 hr, T;N+480</i>						
Medications						
dantrolene						
1 mg/kg, IV Push, q6h, Routine, (for 24 hr) Comments: Pharmacy: Round dose to the nearest 5 mg. Mix each vial with 5 mL sterile water for injection (NOT bacteriostatic water for injection). Shake well to ensure an orange colored uniform suspension. Draw appropriate dose into syringe. Do no dilute or transfer the reconstituted suspension to another container to infuse the product. Nursing: Administer via large-bore IV; ensure patency prior to administration. Push over at least 1 minute. May administer via IV catheter while an infusion of 0.9% NS or 5% dextrose is freely running; or into the indwelling catheter (after ensuring its patency) without a freely running infusion. Flush the line to ensure that there is no residual drug remaining in the catheter. Store at room temperature and use reconstituted solution within 6 hours of preparation.						
20 mg, IV Push, q6h, PRN Other, specify in Comment, Routine Comments: to maintain urine output greater than or equal to 2 mL/kg/hr						
furosemide						
40 mg, IV Push, q6h, PRN Other, specify in Comment, Routine						
Comments: to maintain urine output greater than or equal to 2 mL/kg/hr Laboratory						
Lactate Level						





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_		STAT, T;N, once, Type:	Blood				
☑	Lactate	actate Level					
☑	CMP	Time Study, T;N+480, q8h x 40 hr, Type: Blood IP					
	_	STAT, T;N, once, Type: Blood					
\checkmark	CMP	Time Study, T;N+1440, q24h x 2 occurrence, Type: Blood					
\checkmark	BMP						
☑	BMP	Time Study, T;N+480, q8h x 2 occurrence, Type: Blood					
	DIVII	Time Study, T;N+1920, q8h x 2 occurrence, Type: Blood					
☑							
$\overline{\mathbf{v}}$	STAT, T;N, once, Type: Blood CK						
	000	Time Study, T;N+480, q8h x 40 hr, Type: Blood					
	CBC	STAT, T;N, once, Type: Blood					
$\overline{\mathbf{A}}$	PT/INR						
$\mathbf{\nabla}$	PTT	STAT, T;N, once, Type: Blood					
		STAT, T;N, once, Type: Blood					
\checkmark	Fibrinog	Fibrinogen Level STAT, T;N, once, Type: Blood					
\checkmark	Urinalysis w/Reflex Microscopic Exam						
$\overline{\mathbf{v}}$	STAT, T;N, once, Type: Urine, Nurse Collect						
	Urinalysis w/Reflex Microscopic Exam Time Study, T;N, q24h x 2 occurrence, Type: Urine, Nurse Collect						
		cations/Referrals					
	Notify Physician-Continuing Notify For: If core body temperature is greater than 37.5 degrees Celsius, cardiac dysrhythmia						
	change from baseline, urine output less than 2mL/kg/hr, excessive bleeding, Potassium level greater						
than 5.5mg/dL							
Date		Time	Physician's Signature	MD Number			

*Report Legend:

DEF - This order sentence is the default for the selected order GOAL - This component is a goal IND - This component is an indicator INT - This component is an intervention



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IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order

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