Physician Orders ADULT: Malignant Hyperthermia Post Acute Phase Management Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  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
- Add To Problem List
  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
  q15min
- Nursing Communication
  Monitor core body temperature via Foley temp probe continuously and record q15 minutes for first 24 hours.

Patient Care
- Cooling Measures (NOTE)*
  - 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.
- Bedside Glucose Nsg
  q2h(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.
- 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
  q15min For 24 hr, Special Instructions: Continuously monitor and record.
☐ O2 Sat-Continuous Monitoring (RT)
  q15min For 24 hr, Special Instructions: Record q15 minutes
☐ ABG- RT Collect
  Stat once
☐ ABG- RT Collect
  q8h For 40 hr, T;N+480

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 not 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.

☐ furosemide
  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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- Lactate Level
  - Time Study, T;N+480, q8h x 40 hr, Type: Blood

- CMP
  - STAT, T;N, once, Type: Blood

- SMP
  - Time Study, T;N+440, q24h x 2 occurrence, Type: Blood

- BMP
  - Time Study, T;N+1440, q24h x 2 occurrence, Type: Blood

- BMP
  - Time Study, T;N+1920, q8h x 2 occurrence, Type: Blood

- CK
  - STAT, T;N, once, Type: Blood

- CK
  - Time Study, T;N+480, q8h x 40 hr, Type: Blood

- CBC
  - STAT, T;N, once, Type: Blood

- PT/INR
  - STAT, T;N, once, Type: Blood

- PTT
  - STAT, T;N, once, Type: Blood

- Fibrinogen Level
  - STAT, T;N, once, Type: Blood

- Urinalysis w/Reflex Microscopic Exam
  - 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

**Consults/Notifications/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