



Malignant Hyperthermia Report sheet

Patient's name:
 Date of Birth:
 Address:
 Phone number:
 Referring physician's name:
 Hospital:

Please fax the completed form to:
 Malignant Hyperthermia Investigation Unit at Toronto General Hospital, 416-340-4960.

I: Rigidity	<input type="checkbox"/>	Generalized muscular rigidity (in absence of shivering due to hypothermia, or during or immediately following emergence from inhalational general anesthesia).
	<input type="checkbox"/>	Masseter spasm shortly following succinylcholine administration.

II. Muscle Breakdown	<input type="checkbox"/>	Elevated creatine kinase >20,000 IU after anesthetic that included succinylcholine.
	<input type="checkbox"/>	Elevated creatine kinase >10,000 IU after anesthetic without succinylcholine.
	<input type="checkbox"/>	Cola Colored urine in perioperative period.
	<input type="checkbox"/>	Myoglobin in urine >60ug/L
	<input type="checkbox"/>	Myoglobin in serum >170ug/L
	<input type="checkbox"/>	Blood/plasma/serum K+>6mEq/L (in absence of renal failure)

III. Respiratory Acidosis	<input type="checkbox"/>	PETCO ₂ >55mmHg with appropriately controlled ventilation.
	<input type="checkbox"/>	Arterial PaCO ₂ >60mmHg with appropriately controlled ventilation.
	<input type="checkbox"/>	PETCO ₂ >60mmHg with spontaneous ventilation.
	<input type="checkbox"/>	Arterial PaCO ₂ >65mmHg with spontaneous ventilation.
	<input type="checkbox"/>	Inappropriate hypercarbia (in anesthesiologist's judgement).
	<input type="checkbox"/>	Inappropriate tachypnea.

IV. Temperature Increase	<input type="checkbox"/>	Inappropriately rapid increase in temperature (in anesthesiologist's judgement).
	<input type="checkbox"/>	Inappropriately increased temperature >38.8°C (101.8°F) in the perioperative period (in anesthesiologist's judgement).

V. Cardiac Involvement	<input type="checkbox"/>	Inappropriate sinus tachycardia.
	<input type="checkbox"/>	Ventricular tachycardia or ventricular fibrillation.

VI. Family History (used to determine MH susceptibility only)	<input type="checkbox"/>	Positive MH family history in relative of first degree.
	<input type="checkbox"/>	Positive MH family history in relative not of first degree.

Other indicators that are not part of a single process	<input type="checkbox"/>	Arterial base excess more negative than -8mEq/L.
	<input type="checkbox"/>	Arterial pH<7.25.
	<input type="checkbox"/>	Rapid reversal of MH signs of metabolic and/or respiratory acidosis with IV dantrolene.
	<input type="checkbox"/>	Positive MH family history together with another indicator from the patient's own anesthetic experience other than elevated resting serum creatine kinase.
	<input type="checkbox"/>	Resting elevated serum creatine kinase (in patient with a family history of MH).