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Rethinking Malignant Hyperthermia Protocols

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Rethinking Malignant Hyperthermia Protocols

In person poster

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Background: Although malignant hyperthermia (MH) is rare, it is a life-threatening event that can have many nurses unprepared to manage due to its irregularity, lack of training, and supplies. MH is considered a severe medical crisis that can happen within 30 minutes of anesthetic induction. To give the patient the best outcome, hospitals have protocols in place so the team can respond quickly and efficiently. Purpose: This study aims to investigate how creating central locations for MH carts, ice, and supplies compares to yearly training of MH emergencies in OR rooms that are further away from the MH supplies. The clinical inclusion criteria consist of patients who receive surgery under general anesthesia, patients genetically predisposed to MH, patients with rhabdomyolysis, and patients who received succinylcholine. This quality improvement project aims to provide perioperative teams with all necessary supplies needed for a malignant hyperthermia crisis in central locations in reference to all operating rooms. Methods: The Johns Hopkins Evidence-Based Practice Model and guidelines were used in conjunction with critical analysis and leveling evidence in the literature review. The Databases searched include EBSCO, Medline, and AORN. Each database was searched using keywords such as "Malignant Hyperthermia to find relevant studies. Additionally, the analysis and comparison of three hospital protocols on MH was performed. This study highlights the relevance of healthcare organizations devising MH crisis plans to help guide their operating teams during these situations and allows us to examine the importance of having these supplies in central locations.