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*Guidance: The facility must have a minimum of 36 vials of dantrium sodium (20 mg/vial). Following an MH event, the anesthesia department must be advised to use non-triggering agents only until notified that the facility has replenished its MH kit/cart to have a full supply (minimum 36 vials) of dantrium sodium.*

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*Guidance: Each 20 mg vial of dantrolene should be reconstituted by adding 60 mL of sterile water for injection USP (without bacteriostatic agent) and the vial shaken until the solution is clear. 100 mL vials of sterile water are recommended instead of sterile water bags to avoid the accidental IV administration of this hypotonic solution. If sterile water bags are used, they must be clearly labelled "not for IV administration" and stored away from any other bags intended for IV use. If 100 mL vials of sterile water vials are stocked, there are at minimum 22 vials in the kit. If sterile water bags are stocked, the minimum total volume of sterile water in the kit is 2200 mL.*

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*Guidance: 50 mL vials x 5 are stocked in the MH kit/cart.*

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*Guidance: 50 mL vials x 2 are stocked in the MH kit/cart.*

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*Guidance: 10 mL vials x 2 are stocked in the MH kit/cart.*

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*Guidance: A 100 units/mL vial of regular insulin is stored in the refrigerator. The MH kit/cart contains a cognitive aid (e.g. laminated card) that clearly states where other required malignant hyperthermia treatment medications and supplies are located (e.g. refrigerator, freezer).*

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*Guidance: Lidocaine (2%) 100 mg/5 mL vials x 3 or lidocaine 100 mg/10 mL x 3 preloaded syringes are stocked in the MH kit/cart. Manufacturer pre-filled syringes are preferred. ACLS protocols, as prescribed by the American Heart Association, should be followed when treating all cardiac derangements caused by MH. Lidocaine or procainamide should not be given if a wide-QRS complex arrhythmia is likely due to hyperkalemia; this may result in asystole.*

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