

# after AMRA Episode (form H)

Please complete the survey below.

Thank you!

**Post-Medication and anesthetic agents utilized**

**You have completed ... (of Form H - after AMRA Episode)**  
**10%**

H1.1 - Anesthetic agents utilized (AFTER Adverse Metabolic or Muscular Reaction recognized):  
(check all applicable)

- ACETAMINOPHEN - acetaminophen (Tylenol)
- ANALGESIC/ANTICONVULSANT - gabapentin (Neurontin)
- ANALGESIC/ANTICONVULSANT - pregabalin (Lyrica)
- ANTACID AGENT - cimetidine (Tagament)
- ANTACID AGENT - dolasetron (Anzemet)
- ANTACID AGENT - droperidol (Inapsine)
- ANTACID AGENT - famotidine (Pepcid)
- ANTACID AGENT - lansoprazole (Prevacid)
- ANTACID AGENT - omeprazole (Prilosec)
- ANTACID AGENT - ranitidine (Zantac)
- ANTACID AGENT - sodium citrated citric acid (Bicitra)
- ANTIEMETIC - metoclopramide (Reglan)
- ANTIEMETIC - ondansetron (Zofran)
- ANTIEMETIC - promethazine (Phenergan)
- ANTIEMETIC - scopolamine (Hyoscine)
- ANTIHISTAMINE - diphenhydramine (Benadryl)
- ANTIHISTAMINE - hydroxyzine (Vistaril)
- ANTIMUSCARINIC AGENT - atropine
- ANTIMUSCARINIC AGENT - glycopyrrolate (Robinul)
- NSAID - celecoxib
- NSAID - diclofenac
- NSAID - ibuprofen
- NSAID - ketorolac (Toradol)
- NSAID - meloxicam
- NSAID - naproxen
- SEDATIVE/HYPNOTIC - clonidine (Duraclon)
- SEDATIVE/HYPNOTIC - dexmedetomidine (Precedex)
- SEDATIVE/HYPNOTIC - diazepam (Valium)
- SEDATIVE/HYPNOTIC- etomidate (Amidate)
- SEDATIVE/HYPNOTIC- ketamine (Ketalar)
- SEDATIVE/HYPNOTIC- lorazepam (Ativan)
- SEDATIVE/HYPNOTIC- midazolam (Versed)
- SEDATIVE/HYPNOTIC- propofol (Diprivan)
- SEDATIVE/HYPNOTIC- thiopental
- OPIOID/OPIOID ANTAGONIST - alfentanil (Alfenta)
- OPIOID/OPIOID ANTAGONIST - fentanyl (Sublimaze)
- OPIOID/OPIOID ANTAGONIST - hydromorphone (Dilaudid)
- OPIOID/OPIOID ANTAGONIST - meperidine (Demerol)
- OPIOID/OPIOID ANTAGONIST - methadone
- OPIOID/OPIOID ANTAGONIST - morphine
- OPIOID/OPIOID ANTAGONIST - nalbuphine
- OPIOID/OPIOID ANTAGONIST - naloxone
- OPIOID/OPIOID ANTAGONIST - remifentanyl (Ultiva)
- OPIOID/OPIOID ANTAGONIST - sufentanil (Sufenta)
- POTENT VOLATILE ANESTHETIC AGENT - desflurane (Suprane)
- POTENT VOLATILE ANESTHETIC AGENT - halothane
- POTENT VOLATILE ANESTHETIC AGENT - isoflurane (Forane)
- POTENT VOLATILE ANESTHETIC AGENT - sevoflurane (Ultane)
- OTHER VOLATILE ANESTHETIC AGENT- nitrous oxide
- NON-DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - atracurium (Tracrium)
- NON-DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - cisatracurium (Nimbex)
- NON-DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - pancuronium (Pavulon)
- NON-DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - rocuronium (Zemuron)
- NON-DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - vecuronium (Norcuron)
- NON-DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - other non-depolarizing neuromuscular block (NDNB)
- NON-DEPOLARIZING NEUROMUSCULAR BLOCK REVERSAL AGENT - sugammadex (Bridion)
- DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - IM succinylcholine (Anectine)
- DEPOLARIZING NEUROMUSCULAR BLOCK AGENT - IV succinylcholine (Anectine)
- CHOLINESTERASE INHIBITOR - edrophonium (Tensilon)
- CHOLINESTERASE INHIBITOR - neostigmine (Prostigmin)
- CHOLINESTERASE INHIBITOR - physostigmine (Antilirium)
- CHOLINESTERASE INHIBITOR - pyridostigmine (Mestinon)
- LOCAL ANESTHETICS - bupivacaine (Marcaine)
- LOCAL ANESTHETICS - chlorprocaine (Nesacaine)
- LOCAL ANESTHETICS - cocaine
- LOCAL ANESTHETICS - etidocaine (Duranest)

- LOCAL ANESTHETICS - levo-bupivacaine
  - LOCAL ANESTHETICS - lidocaine (Xylocaine)
  - LOCAL ANESTHETICS - mepivacaine (Carbocaine)
  - LOCAL ANESTHETICS - prilocaine (Citanest)
  - LOCAL ANESTHETICS - procaine (Novocain)
  - LOCAL ANESTHETICS - ropivacaine (Naropin)
  - LOCAL ANESTHETICS - tetracaine (Pontocaine)
  - LOCAL ANESTHETICS - curare
  - VASOPRESSOR - ephedrine
  - VASOPRESSOR - epinephrine (Adrenaline)
  - VASOPRESSOR - norepinephrine (Noradrenaline)
  - VASOPRESSOR - phenylephrine (Neosynephrine)
  - VASOPRESSOR - vasopressin
  - STEROID - dexamethasone
  - STEROID - hydrocortisone
  - Other (specify)
  - Unknown
- 

H1.1.1 - If other, please specify:

\_\_\_\_\_

**SIGNS**

**H2.1 - Symptoms of repeated MH event (recrudescence) that were judged to be inappropriate by the attending anesthesiologist or other physician**

**RANK in order of appearance. (click the number of order for each sign)**

**You have completed ... (of Form H - after AMRA Episode)**

**30%**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	n/a
masseter spasm: mouth cannot be fully opened, but direct laryngoscopy is possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
masseter spasm: jaw clamped shut, intubation by direct visualization impossible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
generalized muscular rigidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cola colored urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tachypnea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hypercarbia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cyanosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
skin mottling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sinus tachycardia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ventricular tachycardia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ventricular fibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
elevated temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
rapidly increasing temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
excessive bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hypertension > 20% baseline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H2.1.1 - If other, please specify:

\_\_\_\_\_

**MONITOR**

**You have completed ... (of Form H - after AMRA Episode)**

**50%**

H3.1 - Monitoring utilized (AFTER reaction recognized)

- blood pressure monitor
  - electrocardiograph
  - stethoscope
  - arterial catheter
  - central venous catheter
  - pulmonary artery catheter
  - end-tidal PCO2
  - pulse oximeter
  - bladder (Foley) catheter
  - processed EEG (e.g. BIS)
  - other (specify)
- (check all monitoring used)

H3.1.1 - If other, please specify:

\_\_\_\_\_

H3.2 - Temperature probes (AFTER reaction recognized):

- axillary
- bladder
- esophageal
- nasopharyngeal
- rectal
- skin - electronic (specify location)
- skin - liquid crystal (specify type and location)
- tympanic
- no temperature monitoring used
- other (specify)

H3.2.1 - If skin (electronic), please specify the location of the monitor:

\_\_\_\_\_

H3.2.2a - If skin (liquid crystal), please specify the type of the monitor:

\_\_\_\_\_

H3.2.2b - If skin (liquid crystal), please specify the location of the monitor:

\_\_\_\_\_

H3.2.3 - If other, please specify:

\_\_\_\_\_

**Laboratory Tests after MH**

**\* recommended interval for creatine kinase determination are 0, 6, 12, 24 hours after the adverse reaction.**

**You have completed ... (of Form H - after AMRA Episode)**

**70%**

H4.1h - Hours elapsed from induction to the most abnormal arterial/venous blood gas?  
\_\_\_\_\_ (hrs)

H4.1yr - What was the year of the most abnormal arterial/venous blood gas test?  
\_\_\_\_\_ (for example, 2017)

H4.1m - What was the month of the most abnormal arterial/venous blood gas test?  
\_\_\_\_\_ (for example, 12)

H4.1d - What was the day of the most abnormal arterial/venous blood gas test?  
\_\_\_\_\_ (for example, 25)

H4.1t - What was the time of the most abnormal arterial/venous blood gas test?  
\_\_\_\_\_ (for example, 18:30)

H4.2 - FiO2 at the time of this blood gas:  
\_\_\_\_\_

H4.3 - pH at the time of this blood gas:  
\_\_\_\_\_

H4.4.1 - PCO2 at the time of this blood gas:  
\_\_\_\_\_

H4.4.2 - PCO2 ventilation rate (liters/minute):  
\_\_\_\_\_ ((liters/minute))

H4.4.3 - PO2 at the time of this blood gas:  
\_\_\_\_\_

H4.5 - BE (mEq/L) at the time of this blood gas:  
\_\_\_\_\_ (mEq/L)

H4.6 - Bicarbonate (mEq/L) at the time of this blood gas:  
\_\_\_\_\_ (mEq/L)

H4.7.1 - Peak lactic acid (mmol/L):  
\_\_\_\_\_ (mmol/L)

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H4.7.2h - Hours elapsed from induction to Peak lactic acid test :

\_\_\_\_\_ (hrs)

---

H4.7.2yr - What was the year of the Peak lactic acid test:

\_\_\_\_\_ (for example, 2017)

---

H4.7.2m - What was the month of the Peak lactic acid test:

\_\_\_\_\_ (for example, 12)

---

H4.7.2d - What was the day of the Peak lactic acid test:

\_\_\_\_\_ (for example, 25)

---

H4.7.2t - What was the time of the Peak lactic acid test:

\_\_\_\_\_ (for example, 18:30)

---

H4.8.1 - Peak K+:

\_\_\_\_\_ (mEq/L or mmol/L)

---

H4.8.2h - Hours elapsed from induction to Peak K+ test:

\_\_\_\_\_ (hrs)

---

H4.8.2y - What was the year of the Peak K+ test:

\_\_\_\_\_ (for example, 2017)

---

H4.8.2m - What was the month of the Peak K+ test:

\_\_\_\_\_ (for example, 12)

---

H4.8.2d - What was the day of the Peak K+ test:

\_\_\_\_\_ (for example, 25)

---

H4.8.2t - What was the time of the Peak K+ test:

\_\_\_\_\_ (for example, 18:30)

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H4.9.0 - initial post-op creatine kinase (U/L):

\_\_\_\_\_ (U/L)

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H4.9.0h - Hours elapsed after induction to initial post-op creatine kinase test:

\_\_\_\_\_ (hrs)

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H4.9.1 - Peak post-op creatine kinase (U/L):

\_\_\_\_\_ (U/L)

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H4.9.2h - Hours elapsed from induction to Peak post-op creatine kinase test:

\_\_\_\_\_

(hrs)

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H4.9.2y - What was the year of the Peak post-op creatine kinase test:

\_\_\_\_\_

(for example, 2017)

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H4.9.23m - What was the month of the Peak post-op creatine kinase test:

\_\_\_\_\_

(for example, 12)

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H4.9.23d - What was the day of the Peak post-op creatine kinase test:

\_\_\_\_\_

(for example, 25)

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H4.9.2t - What was the time of the Peak post-op creatine kinase test:

\_\_\_\_\_

(for example, 18:30)

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H4.10.1 - First creatine kinase (U/L)

\_\_\_\_\_

(U/L)

---

H4.10.2h - Hours elapsed from induction to first creatine kinase test:

\_\_\_\_\_

(hrs)

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H4.10.2y - What was the year of the first creatine kinase test:

\_\_\_\_\_

(for example, 2017)

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H4.10.2m - What was the month of the first creatine kinase test:

\_\_\_\_\_

(for example, 12)

---

H4.10.2d - What was the day of the first creatine kinase test:

\_\_\_\_\_

(for example, 2017)

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H4.10.2t - What was the time of the first creatine kinase test:

\_\_\_\_\_

(for example, 18:30)

---

H4.11.1 - Last creatine kinase (U/L):

\_\_\_\_\_

(U/L)

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H4.11.2h - Hours elapsed from induction to last creatine kinase test:

\_\_\_\_\_

(hrs)

---

H4.11.2y - What was the year of the last creatine kinase test:

\_\_\_\_\_

(for example, 2017)



---

H4.11.2m - What was the month of the last creatine kinase test:

\_\_\_\_\_ (for example, 12)

---

H4.11.2d - What was the day of the last creatine kinase test:

\_\_\_\_\_ (for example, 25)

---

H4.11.2t - What was the time of the last creatine kinase test:

\_\_\_\_\_ (for example, 18:30)

---

H4.12.1- Is Urine chemstrip positive for blood?

- Yes
  - No
  - Unknown
- 

H4.12.2h - Hours elapsed from induction to Urine chemstrip test:

\_\_\_\_\_ (hrs)

---

H4.12.2y - What was the year of the Urine chemstrip test:

\_\_\_\_\_ (for example, 2017)

---

H4.12.2m - What was the month of the Urine chemstrip test:

\_\_\_\_\_ (for example, 12)

---

H4.12.2d - What was the day of the Urine chemstrip test:

\_\_\_\_\_ (for example, 25)

---

H4.12.2t - What was the time of the Urine chemstrip test:

\_\_\_\_\_ (for example, 18:30)

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H4.13.1 - serum myoglobin (ng/ml):

\_\_\_\_\_ ((ng/ml))

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H4.13.2h - Hours elapsed from induction to serum myoglobin test:

\_\_\_\_\_ (hrs)

---

H4.13.2y - What was the year of the serum myoglobin test:

\_\_\_\_\_ (for example, 2017)

---

H4.13.2m - What was the month of the serum myoglobin test:

\_\_\_\_\_ (for example, 12)

---

H4.13.2d - What was the day of the serum myoglobin test:

\_\_\_\_\_ (for example, 25)

---

---

H4.13.2t - What was the time of the serum myoglobin test:

\_\_\_\_\_ (for example, 18:30)

---

H4.14.1 - urine myoglobin (mg/L):

\_\_\_\_\_ (mg/L)

---

H4.14.2h - Hours elapsed from induction to urine myoglobin test:

\_\_\_\_\_ (hrs)

---

H4.14.2y - What was the year of the urine myoglobin test:

\_\_\_\_\_ (for example, 2017)

---

H4.14.2m - What was the month of the urine myoglobin test:

\_\_\_\_\_ (for example, 12)

---

H4.14.2d - What was the day of the urine myoglobin test:

\_\_\_\_\_ (for example, 25)

---

H4.14.2t - What was the time of the urine myoglobin test:

\_\_\_\_\_ (for example, 18:30)

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H4.15 - Lowest fibrinogen (mg/dl):

\_\_\_\_\_ (mg/dl)

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H4.16 - Peak PT (prothrombin time):

\_\_\_\_\_ (seconds)

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H4.17 - PT laboratory upper limit of normal:

\_\_\_\_\_ (seconds)

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H4.18 - Peak PTT (partial thromboplastin time)

\_\_\_\_\_ (seconds)

---

H4.19 - PTT laboratory upper limit of normal:

\_\_\_\_\_ (seconds)

---

H4.20 - Lowest platelet count:

\_\_\_\_\_

---

H4.21 - Peak INR

\_\_\_\_\_

**PATIENT OUTCOME****You have completed ... (of Form H - after AMRA Episode)****90%**

H5.1 - Did the patient develop any of the following complications?  
(check all applicable)

- brain death
- cardiac dysfunction
- cardiac arrest
- change in consciousness level
- coma
- compartment syndrome
- disseminated intravascular coagulation
- hepatic dysfunction
- pulmonary edema
- renal dysfunction
- SIRS after initial control of MH episode
- hypotension
- none of the above
- other (specify)
- unknown

H5.1.1 - If other, please specify

\_\_\_\_\_

H5.2 - Did the patient survive the initial reaction?

- Yes  
 No

H5.3 - Did the patient develop additional signs or symptoms of unanticipated hypercarbia, rigidity, myoglobinuria, or rapidly increasing temperature, after initial adequate treatment (i.e. recrudescence)?

- Yes  
 No  
 Unknown

H5.4 - Did recrudescence occur?

- Yes  
 No

H5.4.1y - What was the year of the recrudescence?

\_\_\_\_\_ (for example, 2017)

H5.4.1m - What was the month of the recrudescence?

\_\_\_\_\_ (for example, 12)

H5.4.1d - What was the day of the recrudescence?

\_\_\_\_\_ (for example, 25)

H5.4.2 - What was the time of the recrudescence?

\_\_\_\_\_ (for example, 18:30)

H5.4.3 - Signs or recrudescence judged to be inappropriate by the attending anesthesiologist or other attending physician:

(Please enter the sign/symptom in order of appearance 1-17)

H5.5 - Did the patient survive both the initial reaction & the recrudescence, if any, and recover?

- Yes  
 No  
 Unknown

H5.5.1 - If the patient died, what was the primary cause of death?

- MH  
 other (specify)  
 unknown  
(check all applicable)

H5.5.1.1 - If other, please specify

\_\_\_\_\_

H5.5.2 - If the patient died, was an autopsy performed?

- Yes  
 No

H5.6 - If tissue from this patient was examined for a specific genetic defect, at what lab was this done (specify name and location of lab)?

\_\_\_\_\_

H5.7 - If so, what was found?

- Ryanodine receptor type 1  
 other (specify)

H5.7.1 - If Ryanodine receptor type 1, specify amino acid change:

(e.g. p.2458Arg>His)  
\_\_\_\_\_

H5.7.2a - If other, specify gene name:

\_\_\_\_\_

H5.7.2b - if other, specify amino acid change:

(e.g. p.2458Arg>His)  
\_\_\_\_\_

H5.8 - In what tissue?

- Blood  
 Muscle  
 other (specify)

H5.8.1 - If other, please specify:

\_\_\_\_\_

Congratulations. You have completed ... (of Form H - after AMRA Episode)  
100%