during AMRA Episode (form G)

Please complete the survey below.

Thank you!

**SIGNS (During the reaction)**

**G2.1 - RANK in order of appearance. (click the number of order for each sign)**

<table>
<thead>
<tr>
<th>G2.1.1 - If other, please specify:</th>
<th>1</th>
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<th>17</th>
<th>n/a</th>
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</thead>
<tbody>
<tr>
<td>masseter spasm: mouth cannot be fully opened, but direct laryngoscopy is possible.</td>
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<tr>
<td>masseter spasm: jaw clamped shut, intubation by direct visualization impossible</td>
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<td>generalized muscular rigidity</td>
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<td>cola colored urine</td>
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<td>sinus tachycardia</td>
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<td>ventricular tachycardia</td>
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<td>hypertension &gt; 20% baseline</td>
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</tbody>
</table>

G2.2.yr - What is the year of the first adverse sign noted?  
(for example, 2017)

G2.2.m - What is the month of the first adverse sign noted?  
(for example, 12)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2.2.day - What is the day of the first adverse sign noted?</td>
<td>(for example, 25)</td>
</tr>
<tr>
<td>G2.2.2 - What is the time of the first adverse sign noted?</td>
<td>(for example, 18:30)</td>
</tr>
<tr>
<td>G2.3.yr - What is the year of the second adverse sign noted?</td>
<td>(for example, 2017)</td>
</tr>
<tr>
<td>G2.3.m - What is the month of the second adverse sign noted?</td>
<td>(for example, 12)</td>
</tr>
<tr>
<td>G2.3.day - What is the day of the second adverse sign noted?</td>
<td>(for example, 25)</td>
</tr>
<tr>
<td>G2.3.2 - What is the time of second adverse sign noted?</td>
<td>(for example, 18:30)</td>
</tr>
<tr>
<td>G2.4.1 - What is the maximum temperature noted in Celsius?</td>
<td>(Celsius (?) )</td>
</tr>
<tr>
<td>G2.4.2 - What is the maximum temperature noted in Fahrenheit?</td>
<td>(Fahrenheit (?) )</td>
</tr>
<tr>
<td>G2.4.yr - What is the year of the maximum temperature noted?</td>
<td>(for example, 2017)</td>
</tr>
<tr>
<td>G2.4.m - What is the month of the maximum temperature noted?</td>
<td>(for example, 12)</td>
</tr>
<tr>
<td>G2.4.day - What is the day of the maximum temperature noted?</td>
<td>(for example, 25)</td>
</tr>
<tr>
<td>G2.4.3 - What is the time of the maximum temperature noted?</td>
<td>(for example, 18:30)</td>
</tr>
<tr>
<td>G2.5.1 - What is the first intraop temperature noted in Celsius?</td>
<td>(Celsius (?) )</td>
</tr>
<tr>
<td>G2.5.2 - What is the first intraop temperature noted in Fahrenheit?</td>
<td>(Fahrenheit (?) )</td>
</tr>
</tbody>
</table>
G2.5.yr - What is the year of the first intraop temperature noted?
(for example, 2017)

G2.5.m - What is the month of the first intraop temperature noted?
(for example, 12)

G2.5.day - What is the day of the first intraop temperature noted?
(for example, 25)

G2.5.3 - What is the time of the first intraop temperature noted?
(for example, 18:30)

G2.6 - What's the maximum end-tidal PCO2 noted (mmHg)?

G2.7.yr - What is the year of the maximum end-tidal PCO2 noted?
(for example, 2017)

G2.7.m - What is the month of the maximum end-tidal PCO2 noted?
(for example, 12)

G2.7.day - What is the day of the maximum end-tidal PCO2 noted?
(for example, 25)

G2.7 - What is the time of the maximum end-tidal PCO2 noted?
(for example, 18:30)

G2.8 - Did the temperature exceed 40??
☐ Yes
☐ No

G2.8.1 - How long did the temperature exceed 40??
(minutes)

G2.9 - Type of ventilation used at the time hypercarbia was first observed:
☐ spontaneous
☐ assisted/pressure support
☐ controlled (at the time hypercarbia 1st noted)
☐ not applicable
☐ Other
☐ Unknown
(check one)

G2.10 - What's the ventilation rate (liters/minute) at the time hypercarbia first noted?
((liters/minute))
TREATMENT GIVEN

You have completed ... (of Form G - during AMRA Episode)

50%

G3.1 - Treatment given for possible or fulminant MH:
- [ ] Volatile anesthetics discontinued (specify hours elapsed from induction)
- [ ] Anesthesia circuit changed
- [ ] Activated carbon filters in circuit
- [ ] Hyperventilation with 100% oxygen (specify max EtCO2)
- [ ] Dantrolene (specify type below: Dantrium, Revonto or Ryanodex)
- [ ] Active cooling (specify method)
- [ ] Fluid loading (specify type and volume)
- [ ] Furosemide
- [ ] Mannitol
- [ ] Glucose, insulin
- [ ] Amiodarone
- [ ] Procainamide
- [ ] Calcium
- [ ] Bicarbonate
- [ ] Albuterol
- [ ] Lidocaine
- [ ] Cardioversion or Defibrillation
- [ ] CPR
- [ ] Inotrope (specify)
- [ ] Vasopressor (specify)
- [ ] None of the above
- [ ] Other (specify)

G3.1.1 - If volatile anesthetics discontinued, how many hours elapsed from induction to discontinued time point?  
__________________________________ (hrs)

G3.1.1yr - If volatile anesthetics discontinued, what is the year of discontinuation?  
__________________________________ (for example, 2017)

G3.1.1mth - If volatile anesthetics discontinued, what is the month of discontinuation?  
__________________________________ (for example, 12)

G3.1.1day - If volatile anesthetics discontinued, what is the day of discontinuation?  
__________________________________ (for example, 25)

G3.1.1t - If volatile anesthetics discontinued, what is the time of discontinuation?  
__________________________________ (for example, 18:30)

G3.1.2 - If Hyperventilation, what's the maximum EtCO2 after initiation of Hyperventilation?  
__________________________________

G3.1.3 - If Dantrolene, please specify type:  
[ ] Dantrium
[ ] Revonto
[ ] Ryanodex
G3.1.4 - If Dantrolene, how much was the initial dose (mg)?

G3.1.4hr - If Dantrolene, how many hours elapsed from induction to the initial dose was given:

G3.1.4y - If Dantrolene, what is the year that the initial dose was given:

G3.1.4m - If Dantrolene, what is the month that the initial dose was given:

G3.1.4d - If Dantrolene, what is the day that the initial dose was given:

G3.1.4t - If Dantrolene, what is the time that the initial dose was given:

G3.1.5 - If Dantrolene, how much was the total dose (mg)?

G3.1.5hr - If Dantrolene, how many hours elapsed from induction to the last dose was given:

G3.1.5y - If Dantrolene, what is the year that the last dose was given:

G3.1.5m - If Dantrolene, what is the month that the last dose was given:

G3.1.5d - If Dantrolene, what is the day that the last dose was given:

G3.1.5t - If Dantrolene, what is the time that the last dose was given:

G3.1.6 - If Active cooling, please specify method:

G3.1.7a - If fluid loading, please specify type:

G3.1.7b - If fluid loading, please specify volume:
G3.1.8 - If inotrope, please specify: __________________________________________

G3.1.9 - If vasopressor, please specify __________________________________________

G3.1.10 - If other, please specify: __________________________________________

G3.2 - Were any problem noted with the dantrolene administration?  
☐ Yes  ☐ No

G3.3 - If dantrolene was given, mark any of the following that were noted thereafter. (check all applicable)

☐ Decrease in heart rate
☐ Decrease in end-tidal carbon dioxide or carbon dioxide tension in blood
☐ Decrease in temperature
☐ Decrease or resolution of rigidity
☐ None of the above

G3.3.1a - How many minutes after dantrolene administration was the maximum change of heart rate?  
(minutes)

G3.3.1b - What was the maximum change of heart rate (beats/min)?  
(beats/min)

G3.3.2a - How many minutes after dantrolene administration was the maximum change of carbon dioxide?  
(minutes)

G3.3.2b - What was the maximum change of carbon dioxide?  

G3.3.3a - How many minutes after dantrolene administration was the maximum change of temperature?  
(minutes)

G3.3.3b-c - What was the maximum change of temperature (Celsius)?  
(C)

G3.3.3b-f - What was the maximum change of temperature (Fahrenheit)?  
(F)

G3.3.4 - How many minutes after the start of dantrolene, did the rigidity completely resolve?  
(minutes)
G3.4 - What were the observed dantrolene complications?

☐ excessive secretions  
☐ gastrointestinal upset  
☐ muscle weakness  
☐ phlebitis  
☐ respiratory failure  
☐ hyperkalemia  
☐ None of the above  
☐ other (specify)  
(check all applicable)

G3.4.1 - If other, please specify:  
__________________________________

Congratulations. You have completed ... (of Form G - during AMRA Episode)  
100%