The successful management of a malignant hyperthermia crisis requires multiple simultaneous treatment actions. This is made far easier through effective teamwork and specific task allocation.

1st anaesthetist - commence immediate management (on guideline sheet)
The anaesthetist diagnosing MH or the most senior anaesthetist responding should assume the role of clinical leader once immediate management actions have been undertaken and avoid becoming focused on a single task.

2nd anaesthetist - resuscitation
- Ensure dantrolene is given in correct dose (2.5mg/kg initially then 1mg/kg every 10-15min)
- Commence TIVA
- Management of hyperkalaemia
- Management of arrhythmias
- Management of acidosis
- Renal protection (forced alkaline diuresis)

1st anaesthetic nurse/ODP
- Collect MH kit
- Collect cold saline & insulin
- Set up lines (arterial/CVC)
- Runner for resuscitation drugs/equipment

2nd anaesthetic nurse/ODP (ideally two people)
- Draw up dantrolene as requested by anaesthetist in charge of resuscitation

3rd anaesthetist - lines/investigations
- Site arterial line
- Send bloods for
  - ABG – repeated (approx every 30 min initially)
  - U&Es
  - CK
  - FBC
  - Coagulation screen
  - Cross match
- Central venous access
- Urinary myoglobin
- Monitor core and peripheral temperatures

Surgical team
- Catheterise
- Complete/abandon surgery as soon as feasible
- Undertake cooling manoeuvres

Adapted from the Malignant Hyperthermia Australia and New Zealand (MHANZ) MH Resource Kit with permission