

## Malignant Hyperthermia Competency

Staff \_\_\_\_\_ Job \_\_\_\_\_  
 Member: \_\_\_\_\_ Title: \_\_\_\_\_  
 Start Date of \_\_\_\_\_  
 Competency: \_\_\_\_\_ Unit: \_\_\_\_\_

*This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.*

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

<b>Applicable References &amp; Policies:</b>	<ul style="list-style-type: none"> <li>Joint Commission. <u>Comprehensive Accreditation Manual for Hospitals</u>. (2022)</li> <li>2022 Malignant Hyperthermia Association of the United States. <a href="https://www.mhaus.org/">https://www.mhaus.org/</a></li> <li>(list any applicable organizational policies and procedures)</li> </ul>
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<b>Background</b>				
Defines Malignant Hyperthermia (MH)	D S T V			
Identifies patients at risk of MH	D S T V			
Identifies agents and/or situations that may precipitate MH	D S T V			
Identify safe anesthetic agents and techniques	D S T V			
Outline appropriate management of MH susceptible patients	D S T V			
Identify disorders that mimic MH	D S T V			
<b>Recognition and Treatment</b>				
Describe the clinical manifestations of MH	D S T V			
Communicate recommended treatment and roles in MH crisis	D S T V			
Identify appropriate lab tests for MH	D S T V			
Demonstrates use of supplies and monitoring equipment found on MH cart	D S T V			

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Describe post MH crisis procedures	<b>D S T V</b>			
States PACU concerns and interventions	<b>D S T V</b>			
Describes care of the parturient patient	<b>D S T V</b>			

*I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.*

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Preceptor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**