Dantrium® IV (dantrolene sodium for injection) is indicated in the management of a malignant hyperthermia crisis. Please refer to the product monograph for full prescribing information available at www.dantrium.ca

MHAUS recommends keeping a minimum **36 vials** of Dantrium® IV (dantrolene sodium for injection) available for emergency use.1,2

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References:
1 Four Steps to Prepare for Malignant Hyperthermia - Becker’s ASC Review Website. www.beckersasc.com
2 From the Malignant Hyperthermia Association of the United States Website. www.mhaus.org.

**MHAUS Malignant Hyperthermia Hotline**

for MH Crisis Management and Case Reporting
In USA and Canada 1-800-644-9737 or 315-464-7079

Tel. 519.751.3602 • 1.800.287.7686 • Fax 519.751.9149

www.methapharm.com • sales@methapharm.com

*Data on file at JHP Pharmaceuticals, L.L.C.
Dantrium® is distributed in Canada by Methapharm Inc. and is a registered trade-mark of JHP Pharmaceuticals, L.L.C.
Dantrium® Intravenous
dantrolene sodium for injection USP, 20 mg

THERAPEUTIC CLASSIFICATION FOR MANAGEMENT OF MALIGNANT HYPERTHERMIA

JHP Pharmaceuticals, LLC
Fort Lee, NJ 07024
1-201-817-6009

ACTION: Dantrolene sodium is a muscle relaxant acting specifically on skeletal muscle. In isolated muscle preparations, dantrolene sodium uncouples the excitation and calcium release coupling and reduces the release of calcium from the sarcoplasmic reticulum. In the anesthetic induced malignant hyperthermia crisis, central nervous system depression, central venous desaturation of dantrolene and its metabolites occurs in an initially rapid phase (1/2-2.5 to 3 hours) followed by a slower phase over a 24-hour period. It is also removed by biliary excretion and through the feces. The mean biologic half-life of dantrolene is approximately 3 hours.

Based on limited information obtained from studies in patients with malignant hyperthermia, it is estimated that therapeutic efficacy of the drug is obtained at a serum concentration of 5 to 10 mg/mL of plasma. Blood concentrations of 10 to 15 mg/mL of plasma is associated with loss of grip strength and weakness in the legs, as well as a sedation in muscle function (see WARNINGS). Patients who have received Dantrium Intravenous during the crisis had less evidence of muscle destruction as shown by serum creatine phosphokinase levels than those treated by other means.

INDICATIONS AND CLINICAL USE: Dantrium (dantrolene sodium) Intravenous is indicated in the management of malignant hyperthermia crisis. As soon as the crisis is recognized, central venous hypercarbia, metabolic acidosis, fever, skeletal muscle rigidity or rigidity and increased arterial pressure, together with decreased vital sign measurements than those treated by other measures.

WARNINGS: General: The use of dantrolene sodium intravenous in the management of malignant hyperthermia crisis is not a substitute for previously known supportive measures. These measures may be individual, but it will usually be necessary to discontinue the anesthetic agents, attend to increased oxygen intake, maintain intravascular volume, and begin cardiovascular support when necessary, monitor urinary output, and monitor for electrolyte imbalance. Since some of these symptoms may persist for several days, vital signs should be monitored.

The administration of dantrolene sodium to humans is very similar to the administration of dantrolene sodium to animals. Dantrolene causes dizziness, drowsiness, and weakness. Patients should be cautioned regarding operating a motor vehicle or participating in hazardous occupations requiring mental alertness.

In humans malignant hyperthermia is rapid via hepatic micromolar enzymes. The metabolite formation is extensive, resulting in an elimination half-life of less than 20 minutes. Dantrolene sodium is metabolized primarily by the liver, and it is excreted in the urine in both unchanged form and as metabolic products.

If patients judged malignant hyperthermia susceptible are administered intravenous or oral dantrolene sodium preoperatively, anesthetic preparation may still follow the same general principles used for other malignant hyperthermia susceptible recipients, including the avoidance of known triggering agents. Monitoring for early clinical and metabolic abnormalities is still indicated because of possible malignant hyperthermia, rather than the procedure.

Because of the high of the intravenous formulation of Dantrolium (dantrolene sodium) Intravenous and potential for tissue necrosis, care must be taken to prevent extravasation of the intravenous solution into the surrounding tissues.

When mannitol is used for prevention or treatment of renal complication of malignant hyperthermia, the 3 g of mannitol needed to dissolve each 20 mg vial of dantroium (dantrolene sodium) should be added to the Dantrolium (dantrolene sodium) intravenous solution as an additional intravenous injection, and infused at a rate not to exceed 1 g per minute.

Information for Patients: Based upon data in human volunteers, it will sometimes be appropriate to tell patients who receive dantrolene sodium intravenous therapy the possibility of a small increase in the amount of a down stairs, can be expected postoperatively. In addition, symptoms such as “light-headedness” may be noted. Since these symptoms may persist for up to 48 hours, patients must not operate an automobile or engage in other hazardous activities until the effects of the drug have terminated.

Renal failure or disseminated intravascular coagulopathy. In some cases there are insufficient data to completely rule out therapeutic failure of dantrolene sodium. It is not indicated for the treatment of the complications of malignant hyperthermia crisis during anesthesia or surgery:

The following criteria may be used as a general guideline in assessing which patients may develop during anesthesia and surgery, oral dantrolene sodium may be used as a muscle relaxant. The administration of dantrolene sodium to animals is unlike neuromuscular blocking agents in that total muscle paralysis and/or respiratory depression do not occur. Dantrium in animals is unlike neuromuscular blocking agents in that total muscle paralysis and/or respiratory depression do not occur. Dantrium causes dizziness, drowsiness, and weakness. Patients should be cautioned regarding operating a motor vehicle or participating in hazardous occupations requiring mental alertness.

One of the major mechanisms of therapeutic actions of Dantrolium is the inhibition of the release of calcium from the sarcoplasmic reticulum (see Drug Interactions). Dantrolene also undergoes a minor metabolic pathway of hydrolysis and subsequent glucuronidation. The major urinary metabolite of dantrolene and its metabolites occurs in an initially rapid phase (1/2-2.5 to 3 hours) followed by a slower phase over a 24-hour period. It is also removed by biliary excretion and through the feces. The mean biologic half-life of dantrolene is approximately 3 hours.

Based on limited information obtained from studies in patients with malignant hyperthermia, it is estimated that therapeutic efficacy of the drug is obtained at a serum concentration of 5 to 10 mg/mL of plasma. Blood concentrations of 10 to 15 mg/mL of plasma is associated with loss of grip strength and weakness in the legs, as well as a sedation in muscle function (see WARNINGS). Patients who have received Dantrium Intravenous during the crisis had less evidence of muscle destruction as shown by serum creatine phosphokinase levels than those treated by other means.

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