

Suxamethonium chloride**S****Cardiac arrest, hyperkalaemia and rhabdomyolysis: case report**

A 58-year-old man developed cardiac arrest, hyperkalaemia and rhabdomyolysis following treatment with suxamethonium chloride [succinylcholine] for intubation.

The man underwent an elective placement of a biventricular cardioverter defibrillator. He received single doses of fentanyl, etomidate, midazolam and IV suxamethonium chloride 0.6mg/kg for intubation and to induce anaesthesia. Shortly after he received suxamethonium chloride, he developed ventricular fibrillation and asystole several times [*time to reaction onset not stated*].

He was treated with CPR, epinephrine, defibrillation and was successfully revived. He received isoflurane following these events. Immediately after his procedure, he had a potassium level of 7 mEq/L. He then received a continuous infusion of sodium bicarbonate in sodium chloride for rhabdomyolysis [*time to reaction onset not stated*]. He remained intubated in the ICU. The day after his procedure, on hospital day 2, he had hyperkalaemia, rhabdomyolysis and acute kidney injury. He had ECG changes due to the hyperkalaemia and he was treated with calcium chloride, salbutamol [albuterol], furosemide, insulin with dextrose and sodium polystyrene sulfonate for hyperkalaemia. His potassium level decreased as the day progressed. On hospital day 3, he self-extubated and required bilevel positive airway pressure support as well as haloperidol and lorazepam for agitation. His condition began to deteriorate by hospital day 5 and he required intubation. He became hypotensive and febrile, his urine output decreased and he was initiated on vasopressors and broad spectrum antibiotics. He also had a ventricular assist device placed. His condition worsened and his family decided to withdraw care. He died on hospital day 5 [*cause of death not stated*]. Following his death, his sputum culture showed a large amount of pan-sensitive *Pseudomonas aeruginosa*.

Author comment: "We describe a patient who experienced cardiac arrest, rhabdomyolysis, hyperkalemia, and acute kidney injury after receipt of succinylcholine for rapid sequence intubation. The Naranjo adverse drug reaction probability scale for this case is 5, which is considered probable."

Hamilton LA, et al. Hyperkalemia and rhabdomyolysis with succinylcholine used for rapid sequence intubation: A case report. *Journal of Pharmacy Technology* 29: 247-249, No. 6, Dec 2013 - USA 803101463