**Propofol infusion syndrome**
- normal dose is 5-10 mcg/kg/min for sedation
- symptoms: bradycardia, hyperkalemia, metabolic acidosis, hepatomegaly, lipemia, myocardial failure, rhabdomyolysis (lactic acid), renal
 failure, death
- treatment: stop propofol gtt, supportive measures (in some cases, hemodialysis)
- treat hyperkalemia with glucose and insulin

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**Stevens-Johnson Syndrome**- fever, swelling, red/purplish painful rash that spreads and blisters with shedding of the skin
- involves mucous membranes (mouth, eyes, nose)
- causes: Phenytoin, acetazolamide, carbamazepine, ethosuximide, lamotrigine, allopurinol, penicillins
- can be seen in HIV, HSV
- treatment: stop offending agent, fluid replacement, transfer to burn center

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**Neuroleptic malignant syndrome**
- fever, sweating, hemodynamic instability, stupor, muscular rigidity, autonomic dysfunction
- most cases develop within 2 weeks of initiating drug treatment with neuroleptic or antipsychotic drugs
- causes: haldol, metoclopramide, abrupt discontinuation of levodopa
- can occur in PD if drugs are abruptly discontinued
- treatment: stop drug immediately, treat fever aggressively, muscle relaxant, dopaminergic drugs may be useful
- anesthesia may be a risk to patients that have experienced NMS

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**Malignant hyperthermia**
- triggered by exposure to certain general anesthetics
- cause: succinylcholine
- symptoms: fever (>105oF), muscle rigidity, tachycardia, brown urine, hypotension, confusion
- inherited as an AD disorder
- treatment: stop offending agent, dantrolene 2.5 mg/kg IV (up to 10 mg/kg), cooling blanket, fluids
- can give prophylactic dantrolene for future anesthesia administration

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