Malignant hyperthermia (MH) is a dominantly inherited disorder of skeletal muscle that predisposes susceptible individuals to a life threatening adverse reaction (fulminant MH event) upon exposure to potent volatile anesthetics (halothane, isoflurane, sevoflurane, desflurane, etc.) and the skeletal muscle relaxant succinylcholine. A fulminant MH episode is characterized by hypermetabolism that produces heat (hypethermia), increased oxygen uptake, and carbon dioxide production, along with hyperkalemia, and acidosis with hyperlacactemia. Skeletal muscle rigidity may either be localized to the masseter muscle or generalized. Muscle damage is reflected by increases in serum creatine kinase, potassium, calcium, and phosphate. Rhabdomyolysis with myoglobinuria and myoglobinemia often occurs. The time of onset after induction of general anesthesia may vary from minutes to hours, and patients may have had previously uneventful exposure to anesthetics.