

Magnesium Sulfate (MgSo₄) Care Map

(used in conjunction with Labour Record, HDP and/or Postpartum Care Maps)

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Prior to initiation: BP P	RReflexes R/L/ Urine output normal \square Yes \square No							
	ns (usual 4gm/hr) over 20-30 minutes Date Time Started Time completed					leted		
Side Effects Experienced: ☐ Flushing Prior to maintenance dose: BP	□ Nausea/vom	iting 🗆 Hypo	tension 🗆 Oth	ner				
	(no significa	ant drop) R	(greater	than 12) Ref	lexes R/L	/(not	
decreased) Nacy actives Sulfate Maintenance does								
Magnesium Sulfate Maintenance dose gms/hr (usual 1gm/hr) Date Time Started								
Hourly Assessments Date								
Time								
Pump rate (mL/hr)								
MgSo ₄ / Maintenance								
Fluid restriction ofmLs/hr total Intravenous is patent								
•								
Blood Pressure								
Heart Rate								
Respiratory rate								
(less than 12 may indicate toxicity)								
Oxygen Saturation								
Oxygen rate (I/min or RA)								
Deep tendon reflexes- R/L								
(Decreasing reflexes may indicate toxicity) Clonus – Right/Left								
(If present, watch for seizure activity)								
Hourly urine output*								
(monitor for toxicity if decreased)								
Urine dip (protein) (neg, 1+ - 3+)								
Level of consciousness								
(if decreased may indicate toxicity) Slurred speech								
(if present may indicate toxicity)								
Muscle weakness								
(if present may indicate toxicity)								
Side rails up & padded Calcium Gluconate at bedside								
Magnesium serum level								
Initials								
muais								

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Signs of Magnesium Toxicity			Reflexes		Level of consciousness	
Calcium Gluconate – 10 n slowly over 2-3 minutes	Altered Level of consciousness Slurred speech Decreased Respirations (less than 12/min) Cardiac Arrest Intidote This of 10% solution given IVP		Ø – no reflexes (notify PCP) 1+ - decreased/present with hammer 2+ - Normal/present with hand 3+ - Brisk with hand 4+ - hyperactive with clonus (Notify PCP) Clonus Quickly dorsiflex the foot and release. Count the number of oscillations (beats)		1 - Alert/Orientated 2 - Occasionally drowsy (poor concentration) 3 - Very drowsy (difficult to arouse) 4 - Stupor (responds only to painful stimuli)	
May need to provide CPR until effective			between flexion and extension			
Abbreviations			Serum Levels			
CPR – Cardiopulmonary resuscitation		Therapeutic: 5-7 mEq/l				
HDP – Hypertensive disorders of pregnancy			Loss of reflexes: 10 mEq/l			
IVP – Intravenous push			Respiratory Failure: 12-15 mEq/l			
RA – Room air			Cardiac Arrest: 25 mEq/l or above			
R/L – Right/Left				<u> </u>		