MIXING AND MONITORING FOR MAGNESIUM SULPHATE

LOADING DOSE

Give a loading dose of 14g

10g of 50% intramuscularly – 5g on each buttock with 1ml of 2% lignocaine 4g of 20% intravenous

MANTAINANCE DOSE

5g of 50% with 1ml of 2% lignocaine intramuscularly every 4hourly (Alternate buttocks) for 24hours or after delivery or from the time of the last fit which ever occurred last

CHECK FOR TOXICITY BEFORE GIVE EVERY DOSE

HOW TO MAKE 20% OF MAGNESIUM SULPHATE

When using a 20ml syringe; Put 8ml (4g of 50%) in a syringe and add 12mls of water for injection

• When using 10ml syringe; get 2 syringes of 10mls, in each put 4mls (2g of 50%) and add 6mls of water for injection to each.

• When using 5ml syringe; get 4 syringes of 5mls, in each put 2mls (1g of 50%) and add 3mls of water for injection to each.

MONITORING FOR MAGNESIUM SULPHATE

- Respiratory rate hourly <16b/m indicate RD
- Deep tendon reflex regularly 1-2hours
- Urine output hourly 30ml/hour
- Level of consciousness mental status and alertness
- Oxygen concentration
- Laboratory monitoring (advanced settings) serum magnesium 2-3.5 mmol/L
- Electrocardiogram (ECG)

• If toxicity present, stop magnesium sulphate

SIGNS OF TOXICITY

• Flushing, hypotension, nausea, sweating, vomiting

 \bullet Respiratory distress <12b/m, oliguria, loss of deep tendon reflex

Bradycardia, severe hypotension, respiratory paralysis, arrythmias & cadiac arrest

INTERVENTION

- Calcium gluconate 1gm (10ml of 10% solution) over 10minutes
- Continue monitoring; respiratory, oxygen saturation, urine output
- ECG (for high risk patients to detect arrythmias)

