

Original Date	06/2005	Revision Date	02/2010	Withdrawn Date	
----------------------	----------------	----------------------	----------------	-----------------------	--

1. Admission weight and then daily
2. Baseline BP, P, R, DTR's
3. Continuous external electronic fetal monitoring with contraction monitoring (TOCO)
4. Perform Fetal Non-Stress Test
5. Strict I & O
6. _____ Foley Catheter:
7. Diet: _____
8. Activity: _____
9. Admission Lab
 - CBC with Platelet
 - Liver enzymes, SGOT, SGPT, Bilirubin
 - BUN
 - Creatinine
 - UA
 Additional Lab orders:
 - Magnesium level 4 hours past initial loading dose
 - _____
10. Establish Main IV of _____ to run at _____ ml / hr
11. Pharmacy Orders:
 - Loading Dose** of 4 grams (4000 mg/ 100 ml) infused over 20 minutes
Rate of loading dose is 300ml/hr when using above premix solution.
 - Maintenance** Immediately following IV bolus of Magnesium Sulfate, start IVPB with a pre-mixed solution of Magnesium Sulfate 40mg/ml at:
 - 1 gm (1000 mg) / hr = 25 ml / hr
 - 2 gm (2000 mg) / hr = 50 ml / hr
 - 3 gm (3000 mg) / hr = 75 ml / hr
 - 4 gm (4000 mg) / hr = 100 ml / hr
 - Calcium Gluconate 4.65mEq of a 10% preparation at the bedside to be administered if signs or symptoms of Magnesium Sulfate toxicity. Give 10ml's of the 0.465 mEq / ml of Calcium Gluconate slow IV Push. (Give over 7-10 minutes.)
 - Notify Physician for dosage changes
 - Notify Physician for BP > _____
 - Monitor Urinary Output – Notify physician if urinary output is less than 1 ml/kg/hr (if catheter). If no catheter placed notify physician if urinary output is less than 100ml over 4 hours.
 - Notify physician if DTRs decreased or respiration's less than 12/min

- If DTR's disappear or respiration's less than 10 discontinue Magnesium Sulfate, give 10 ml of 10% calcium gluconate IVP over 10 minutes and call physician.
12. Assess and record BP, P, R, bilateral DTRs every 15 minutes or as needed until stable;
then VS q 30 minutes x 4
then q 1 hour x 4,
then q 2 hours for 24 hours, then q 4 hours.
Monitor blood pressure more frequently with BP values \geq 160/110 and during antihypertensive therapy
For any dosage adjustment, reassess as listed.
13. Anithypertensive Medication: _____
14. Post Partum Administration:
- Continue maintenance dosage of Magnesium Sulfate at _____ gm / hr for _____ hours after delivery, then wean 0.5 to 1 (one) gm / hr then discontinue.
 - Patient to remain on PIH vital signs and assessment for 4 hours after Magnesium Sulfate discontinued.

Physician Signature

____/____/____
Date

____:____
Time