



MAGNESIUM SULPHATE FOR ECLAMPSIA (PROPHYLAXIS AND TREATMENT)

Loading dose

Magnesium Sulphate (MgSO₄) 4g in 200ml Normal Saline 0.9% to be administered over 20-30 minutes.

Maintenance dose

Magnesium Sulphate 4g in 200ml Normal Saline 0.9% to be administered at 1- 2g per hour for 24 hours **OR** 5gm 4-hourly IMI for 24 hours. Patients with renal insufficiency – use 1g per hour maintenance dose as Magnesium Sulphate is excreted by the kidneys.

Post- partum

Continue Magnesium Sulphate infusion until 24 hours post -delivery or since the last fit. Total fluid infusion should not exceed 80ml/hour

Contra-indications

Myasthenia Gravis

Observations requirements

1. I/2 Hourly BP and Pulse
2. Indwelling urinary catheter
3. Hourly urine output, if < 30ml/hr discontinue Magnesium Sulphate infusion
4. Hourly Respiratory rate
5. Check patella reflexes before commencing each bag of MgSO₄
6. Temperature check every 4 hours

Symptoms of overdose

(Educate the patient as to the possible side effects)

- Extreme thirst
- Hot flushes
- Decreased respiratory rate
- Dulled or absent reflexes
- Decreased urinary output
- Feeling weak and lethargic

Antidote

- Calcium Gluconate 10% ,10ml IVI slowly over 2 – 3 minutes

If patient has further convulsions during maintenance, give further 2g MgSO₄ IV slowly.

References

1. Adam, S. Soma-Pillay, P. Obstetric Essentials. 2018. 3rd Edition p59 - 60. University of Pretoria

Authorship

These guidelines were drafted by a clinical team from Mediclinic and were reviewed by a panel of experts from SASOG and the BetterObs clinical team. All attempts were made to ensure that the guidance provided is clinically safe, locally relevant and in line with current global and South African best practise. Succinctness was considered more important than comprehensiveness.

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