

Allergies: _____

NURSING INTERVENTIONS: (Check box/ fill in to activate)

Weigh on admission, then daily

Activity: Bedrest Bedrest with bathroom privileges

I & O every shift

Notify physician if:

Persistent contractions greater than 6 per hour

Rales or productive cough

Absent reflexes

Change in level of consciousness

Respirations less than 8 or greater than 24

Urine output less than 100 mL in 3 hours

Electronic Fetal Monitor:

Continuous fetal monitoring

Monitor FHR and contractions for: 30 minutes Twice daily Every shift

60 minutes Twice daily Every shift

NST every: _____

BP, pulse, respirations, and Deep Tendon Reflexes, every 15 minutes X 4 while administering magnesium bolus, then every 1 hour X 2, then every 2 hours while awake. Night vital signs every 4 hours. Temp every shift, breath sounds every 4 hours.

If Deep Tendon Reflexes are absent, run STAT magnesium level and notify physician immediately.

DIETARY: (Fill in to activate)

Diet: Clear liquid Full liquid Diet as tolerated

IV THERAPY: (Fill in to activate)

Lactated Ringers to infuse at 100 mL/ hour. Total IV fluids 125 mL/ hour or _____ mL/ hour

LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate)

STAT magnesium level 4 hours after bolus dose, then every _____ hours (therapeutic range is 5 - 7 mg/ dL).

Notify physician if magnesium level greater than 8 mg/ dL or patient symptomatic

Fibrinogen

DIC profile

Other: _____

MEDICATIONS: (Check box/ fill in to activate)

Loading dose	<input type="checkbox"/> magnesium sulfate 4 g IV over 20 minutes	Tocolysis
	<input type="checkbox"/> magnesium sulfate _____ g IV over 20 minutes	
Infusion	<input type="checkbox"/> magnesium sulfate to infuse at 2 g/ hour	Tocolysis
	<input type="checkbox"/> magnesium sulfate to infuse at _____ g/ hour	
If contractions continue more frequently than every 15 minutes one hour after loading dose, notify physician.		
If respirations less than 8 per minute:		Hypermagnesemia
<input checked="" type="checkbox"/> calcium chloride 500 mg IV over 5 to 10 minutes (rate not to exceed 1 mL/ minute). Discontinue magnesium. Call physician stat.		

Physician Signature

Date

Time



MAGNESIUM SULFATE Tocolysis ORDERS

P0069C Rev (1210) White – Chart/ Scan to Pharmacy