

Allergies: _____

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

Activity:

- Bed rest
- Maintain quiet room atmosphere
- Bed rails (X 2) up at all times

Intake/ Output: Document I & O hourly

- NPO
- Full liquid diet; progress when stable
- Diet as tolerated
- Foley catheter-urimeter inserted on magnesium initiation
- Hourly output (notify physician less than 30 mL/ hour)
- Bedpan Bathroom privileges Commode
- Dipstick urine for protein every shift

Fetal Monitoring:

- Continuous FHR
- Intermittent FHR - every _____ hrs x _____ min.
- Monitor for uterine contractions

Vision

- Notify physician of visual disturbances (flashes, blurring)

Weigh on admission and daily

Notify Physician If:

SBP greater than or equal to _____ and/ or DBP greater than or equal to _____. Call physician STAT

Vital Signs:

Blood pressure, heart rate, respirations, and Deep Tendon Reflexes, every 15 minutes X 4 while administering Magnesium loading dose/ bolus, every 1 hour until stable, then every 2 hours. Temperature every shift. Breath sounds every 4 hours.

Notify MD if initial SBP greater than 150 mmHg, DBP greater than 100 mmHg. Notify MD for sustained elevated BP ____/____.

Notify physician if Deep Tendon Reflexes _____ tonus/ clonus

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

IV THERAPY:

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

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

- PIH profile
- CBC Repeat CBC every _____ hours
- DIC profile Repeat DIC profile every _____ hours
- Hepatic Function Panel
- Comprehensive Metabolic Panel
- STAT magnesium level 4 hours after bolus dose, then every _____ hours (therapeutic range 5 - 7 mg/ dl)
- Other: _____

MEDICATIONS: (Check box/ fill in to activate)

| | | |
|--|--|--------------------------|
| Loading dose | <input type="checkbox"/> magnesium sulfate 4 g IV over 20 minutes <input type="checkbox"/> magnesium sulfate 6 g IV over 20 minutes | Gestational Hypertension |
| Infusion | <input type="checkbox"/> magnesium sulfate to infuse at 2 g/ hour <input type="checkbox"/> magnesium sulfate to infuse at _____ g/ hour | |
| <input type="checkbox"/> hydralazine 5 mg IV push over 1 - 2 minutes. Reassess BP after initial dose. May repeat X 1 in 20 minutes | | Hypertension |
| <input type="checkbox"/> labetalol 10 mg IV push over 2 minutes. Double the dose every 10 minutes until a therapeutic response is achieved. Maximum total dose 300 mg | | |
| If respirations less than 8 per minute: <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 | | Hypermagnesemia |

Physician Signature

Date

Time

