

PROTOCOL FOR: Magnesium Sulfate: Use in Hypertensive Disorders of Pregnancy and Preterm Labor (PTL): Care of the Patient

PURPOSE: To delineate nursing responsibilities/care of the patient receiving magnesium sulfate therapy for tocolytic purposes in patients with premature labor or for anticonvulsant therapy in patients with a hypertensive disorder of pregnancy.

SUPPORTIVE

DATA: Magnesium sulfate may be used as an anticonvulsant for the prevention and control of seizures in hypertensive disorders of pregnancy. IT is also used in the treatment of preterm labor.

DESIRED PATIENT

- OUTCOMES:**
1. Prevention of seizure activity in patients with a hypertensive disorder of pregnancy.
 2. Prevention of premature delivery secondary to preterm labor (PTL).
 3. Patient and fetus will experience minimal side effects from treatment with intravenous magnesium sulfate.

PROCEDURE FOR: Administration of Magnesium Sulfate

1. For patient with hypertensive disorders:
 - a. Obtain baseline vital signs.
 - b. Obtain deep tendon reflexes prior to administration and with each set of vital signs during therapy.
 - c. Assess fetal heart rate tracing for baseline and long-term variability.
 - d. Maintain calcium gluconate and an airway on the nursing unit.
 - e. Begin magnesium sulfate as ordered.
 - f. Maintain continuous fetal monitoring during magnesium sulfate therapy.
 - g. Reassess vital signs at the end of the loading dose and at least every 2 hours during magnesium sulfate therapy.
 - h. Draw labs as ordered.
 - i. Maintain intake and output during administration.
2. For patient with preterm labor include all of the above and include:
 - a. Assess uterine activity at least every hour and prn.

PATIENT

- TEACHING:**
1. Discuss commonly experienced side effects and symptoms of toxicity with the patient and treatment, if any, that may be used.

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2. Explain the plan of care during magnesium sulfate therapy, i.e., frequent vital signs, checking deep tendon reflexes.
3. Instruct patient to call the nurse if she has difficulty breathing or is short of breathe at any time during magnesium sulfate therapy.

- DOCUMENTATION:**
1. Record on L&D Nursing Care Flowsheet and fetal monitor tracing:
 - a. Vital signs
 - b. Reflexes
 - c. Increases or decreases of magnesium sulfate
 - d. Side effects of therapy
 - e. Uterine activity in preterm labor patients

REPORTABLE

- CONDITIONS:**
1. Absent reflexes.
 2. Vital signs/lab values outside MD parameters.
 3. Difficulty breathing, shortness of breath and/or chest pain.
 4. Deep sedation - difficult to arouse.
 5. In preterm labor patients, continued or increased uterine activity.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 11/79

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