

Resuscitation

- A – Airway
- B- Breathing
- C- Circulation

Place patient in left lateral position
Insert two large bore intravenous cannulas



Initiate MgSO₄ infusion (1A)

Loading dose: 4g over 20 minutes
Maintenance: 1g/hr until 24 hours
after birth or last seizure

Reduce dose by 50% in patients with renal impairment or suspected renal impairment (PP)



Is the
SBP ≥ 160mmHg or
DBP ≥ 110mmHg
or both?



Aim to reduce to SBP < 160mmHg and
DBP < 110mmHg
(Flowchart 6.2)



NO

Is seizure prolonged?

← YES

If seizure prolonged (PP) :

- diazepam 5-10mg (IV)
- midazolam 5-10mg (IV or IM)
- Airway support
- Expedite urgent transfer where required



Evaluation for birth



NO

Monitoring while on magnesium sulphate infusion (PP)

**Routine serum magnesium level is not recommended unless renal function is compromised*

Every 30 minutes Blood pressure Pulse oximetry Heart rate Respiratory rate	Every hour Reflexes Urine output	Fetal Continuous cardiotocography where appropriate
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Features of magnesium toxicity

Decreased or absent reflexes
 Reduction in respiratory rate (≤12/min for 15 minutes)
 Drowsiness
 Slurred speech

If toxicity is suspected, cease the MgSO₄ infusion and assess serum magnesium level. If toxicity present (based on clinical features +/- serum magnesium of >3.5mmol/l), administer calcium gluconate 10% (10 mL in 100 mL normal saline IV over 10 min) (PP)