

## Resuscitation

A – Airway

B- Breathing

C- Circulation

Place patient in left lateral position

Insert two large bore intravenous cannulas



# Initiate MgSO<sub>4</sub> 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)

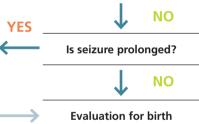


Aim to reduce to SBP < 160mmHg and DBP < 110mmHg

(Flowchart 6.2)

# If seizure prolonged (PP):

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



#### 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

## 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)