

Home Health VNA
IV Medication Clinical Fact Sheet

IV Medication: Magnesium Sulfate - not as additive to TPN Risk Level: 2
Med Class: Antidysrhythmics, Electrolytes, Anticonvulsant

Common Uses: Short or long term nutrition support or replacement - source of calories and essential fatty acids
Labs to Monitor: Frequent Magnesium levels must be obtained. Dosage will vary based on serum Magnesium level

**Instructions/
Precautions:**

Recommended Dosage: IV Dependent of diagnosis, based on serum Magnesium levels:

- Magnesium Deficiency: 1 Gram – 5 Grams
- Pre-eclampsia/eclampsia: 4-5G
- Barium poisoning: 1-2G
- Anticonvulsant: 1G
- Paroxysmal atrial tachycardia: 3-4G (with extreme caution)

Administration:

- Check deep tendon reflexes prior to each dose – hold if reflexes diminished
- Check respiratory status – respirations should be > 16 breaths/min. Hold if respiratory depression.
- Administration slow and cautious to prevent hypermagnesemia.

o FDA example: 5G in 1000cc fluid infused over 3 hours with caution not to exceed renal excretory capacity

Excreted: solely in the kidneys – must monitor kidney function. Urine output should be maintained at 100mL every 4 hours – monitoring urinary output important

Side effects – major;

- Severe hypotension (overdose), Deep tendon reflex loss (overdose), Flaccid paralysis (overdose), Respiratory paralysis (overdose), Neurological – muscle irritability, clonic twitching and tremors, Hypothermia, Circulatory collapse, CNS depression

Side effects – minor/rare: Sweating/flushing, Aluminum toxicity

Administer with Caution:

- Sweating/flushing occurs – call MD
- S/s of renal function impairment and call MD
- Geriatric: assess renal function. May require reduced dosage
- Nursing mothers – magnesium is distributed to milk
- Pregnancy – see FDA LABEL

Contraindications: Heart block

Drug interactions (major): CNS depressants, Neuromuscular blocking agents, Cardiac glycosides (digitalized patients)

First Dose Allowed:

N
N
N
N

Central Line Only:
IV Push:
Vesicant:

See Procedure Manual: Inf Therapy TPN

Notes:

Only drugs listed as First Dose Allowed may be given in the home as a first dose and are considered for a first dose on a case by case basis by the IV Program Manager
The IV Manager and/or Clinical Director must be consulted before a first dose referral is accepted

Risk Levels:

n/a = Routinely given; Clinician must be approved to administer IV medications
1= IV Program Mgr or Clinical Director approval before referral is accepted
2= IV Program Mgr notification; Clinicians must review Special Instructions