



24. MAGNESIUM SULFATE

a) Pharmacology

Physiologic calcium channel blocker and also blocks neuromuscular transmission. Hypomagnesemia can cause cardiac dysrhythmias. It is also a CNS depressant effective in the management of seizures during pregnancy. It does this by decreasing the amount of acetylcholine liberated from motor nerve terminals. Magnesium is necessary for many biochemical processes and plays a role in the transmission of electrical impulses.

b) Pharmacokinetics

With intravenous administration the onset of anticonvulsant action is immediate and lasts about 30 minutes. Magnesium is excreted solely by the kidney at a rate proportional to the plasma concentration and glomerular filtration rate.

c) Indications

- (1) Torsades de pointes
- (2) Seizures with pregnancy
- (3) Refractory VF and VT after amiodarone administration
- (4) Moderate to severe asthma/bronchospasm exacerbation

d) Contraindications

- (1) Heart blocks
- (2) Renal impairment
- (3) Hypermagnesemia

e) Adverse Effects

- (1) Respiratory depression
- (2) Flushing
- (3) Sweating
- (4) Hypotension
- (5) Depressed reflexes

f) Precautions

- (1) May exaggerate effects of CNS depressants and neuromuscular blocking agents
- (2) Due to concern of hypotension, IV fluid bolus should be initiated if hypovolemia is suspected.
- (3) Magnesium toxicity is a concern with higher doses and would present with respiratory depression, decreased reflexes, flaccid paralysis, and apnea. Calcium chloride 500 mg SLOW IVP for above indications of toxicity.




g) Dosage

(1) Adult:

(a) Seizure activity associated with pregnancy: 4 grams IV/IO over 10 minutes (mixed in 50–100 mL of approved diluent)


(b) Refractory VT/VF: 1–2 grams IV/IO over 2 minutes

(c)  Moderate to severe asthma/bronchospasm exacerbation: 1–2 grams IV/IO over 10–20 minutes (mixed in 50–100 mL of approved diluent)

(d) Torsades de pointes: 1–2 grams IV/IO over 2 minutes

(2) Pediatric (under 18 years old):

(a) Seizure activity associated with pregnancy: 4 grams IV/IO over 10 minutes (mixed in 50–100 mL of approved diluent)

(b)  Moderate to severe asthma/bronchospasm exacerbation: consider magnesium sulfate 50 mg/kg IV/IO (mixed in 50 - 100 mL of approved diluent) to max of 2 grams given over 10–20 minutes



MAGNESIUM ADMINISTRATION OFTEN CAUSES HYPOTENSION IN CHILDREN. CONSIDER ADMINISTERING BOLUS 20 ML/KG OF LACTATED RINGER'S WITH THE ADMINISTRATION OF MAGNESIUM.

(c) Torsades de pointes: 25 mg/kg to a max of 2 grams IV/IO over 2 minutes

h) Interfacility Transport

(1) A paramedic may administer continuous infusion established by a sending facility, not to exceed the ordered total dose, and monitoring the patient for signs and symptoms of magnesium toxicity.

(2) Magnesium sulfate used for tocolytic control is an RN-level indication.