

Magnesium

INDICATIONS

- Shock refractory VF in the presence of possible hypomagnesaemia
- Ventricular tachyarrhythmias in the presence of possible hypomagnesaemia
- Torsades de pointes
- Seizures associated with eclampsia
- Acute severe asthma

DOSE

Cardiac

1-2g (2-4ml of 50% magnesium sulphate) over 1-2 minutes
may be repeated after 10-15 minutes

50% magnesium sulphate produced in 10 ml vials containing
5g of magnesium i.e. **1g = 2ml**

Asthma

Single Infusion **2g** in 50 ml 0.9% saline
IV infusion over 20 minutes

Patients given Magnesium for asthma must not be discharged from A&E.

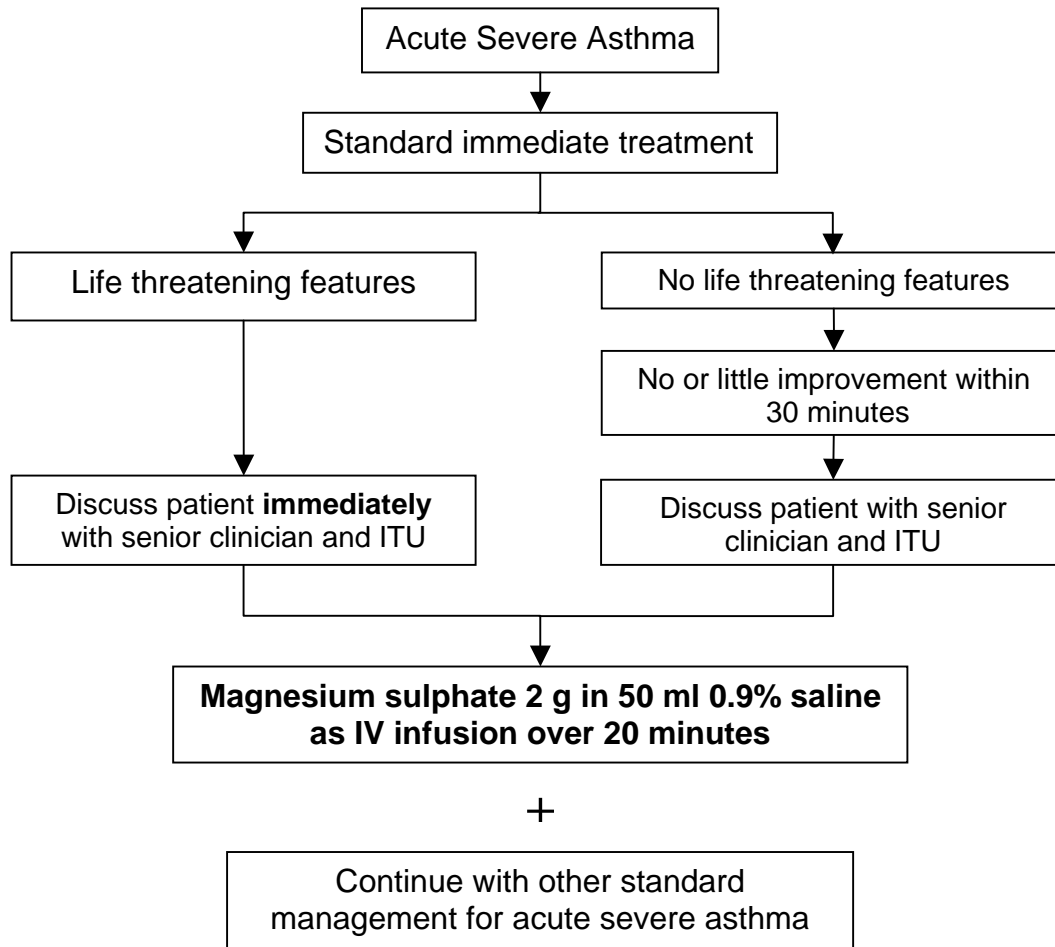
Eclampsia

Loading dose **4g** (8ml 50% magnesium) IV over 5-10
Minutes.

Infusion dose **1g/hour** continued for 24h after last fit
(add to 0.9% saline)

RAH Respiratory Unit

Magnesium sulphate treatment in acute severe asthma in adults



- 2 g magnesium sulphate = 4 ml of a 2 mmol/ml (or 50%) solution •

- **ONLY ONE DOSE OF MAGNESIUM SULPHATE SHOULD BE GIVEN** •

Features of Acute Severe Asthma

- Peak flow rate 33 – 50% best or predicted
- Can't complete sentences in one breath
- Respirations ≥ 25 breaths/min
- Pulse ≥ 110 beats/min

Life Threatening Features

- Peak flow rate $\leq 33\%$ best or predicted
- SpO₂ < 92%
- Silent chest, cyanosis, feeble respiratory effort
- Bradycardia, dysrhythmia, hypotension
- Exhaustion, confusion, coma

Standard Immediate Treatment

- Oxygen 40 - 60%.
- Salbutamol 5 mg via an oxygen-driven nebuliser; repeat every 15 – 30 minutes.
- Ipratropium bromide 0.5 mg via an oxygen-driven nebuliser; repeat every 15 – 30 minutes.
- Prednisolone tablets 40 mg or IV hydrocortisone 100 mg or both if very ill.

Patients given Magnesium must not be discharged from A&E