

Medicines Management & Pharmacy Services (MMPS) LTHT Neonatal Unit Administration Guide Magnesium

Dose:	0.4mmol/kg Mg ²⁺ (100mg/kg magnesium sulphate) by slow intravenous injection over 10 minutes every 6-12 hours as necessary
Route of administration:	Via central line if possible, otherwise via peripheral line.
Products available:	Magnesium sulphate 50% 10ml ampoules (equivalent to Mg ²⁺ 2mmol/mL, 5g in 10mL)
To prepare an infusion:	<p>Preferred diluent: Sodium chloride 0.9%</p> <p>Alternative diluents: Glucose 5%, glucose 10%</p> <p>Draw up 2mL of magnesium sulphate 50% and make up to 10mL with required diluent to give 0.4mmol/mL (100mg/mL).</p> <p>Withdraw required amount and infuse at a rate of not more than 0.04mmol/kg/minute (10mg/kg/min)</p>
How to prescribe:	Prescribe on the LTH prescription chart on the once only or when required sections. Prescribe the amount of magnesium to be given in mmol.
Compatibilities:	Gentamicin, milrinone, morphine, noradrenaline, parenteral nutrition, vancomycin
Incompatibilities:	Ambisome, dobutamine salbutamol, sodium bicarbonate
Notes:	If magnesium needs to be given down the same line as an incompatible infusion or an infusion with no compatibility information, the infusion should be stopped, the line flushed, magnesium given over 10 minutes, the line flushed and infusion restarted. This applies to all infusions except inotropes and insulin where magnesium should be infused down a separate line.
References:	NHS Injectable Medicines Guide V4 Monograph 27/11/2014, BNFC App (V. 1.2.4) August 2017. Neonatal Formulary V7 2015.

Provenance

Date Produced: June 2011

Reviewed: September 2017

Valid until: September 2019

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