

MAGNESIUM SULFATE MONITORING SHEET - For use with partograph or postpartum record

Name of client _____ Date _____

Provider in charge _____ Clinic/Hospital name _____

HOUR	Time	MgSO ₄ DOSE	REFLEXES PRESENT YES/NO (circle one)		BLOOD PRESSURE	RESPIRATION If <16/min DO NOT GIVE MgSO ₄	URINE OUTPUT If <30ml/hr DO NOT GIVE MgSO ₄	CONVULSIONS YES/NO (circle one)		OTHER DRUGS OR OBSERVATIONS	INITIALS
			Yes	No				Yes	No		
Initial BP ___/___						Initial Urine protein _____					
0			Yes	No				Yes	No		
1			Yes	No				Yes	No		
2			Yes	No				Yes	No		
3			Yes	No				Yes	No		
4			Yes	No				Yes	No		
5			Yes	No				Yes	No		
6			Yes	No				Yes	No		
7			Yes	No				Yes	No		
8			Yes	No				Yes	No		
9			Yes	No				Yes	No		
10			Yes	No				Yes	No		
11			Yes	No				Yes	No		
12			Yes	No				Yes	No		
13			Yes	No				Yes	No		
14			Yes	No				Yes	No		
15			Yes	No				Yes	No		
16			Yes	No				Yes	No		
17			Yes	No				Yes	No		
18			Yes	No				Yes	No		
19			Yes	No				Yes	No		
20			Yes	No				Yes	No		
21			Yes	No				Yes	No		
22			Yes	No				Yes	No		
23			Yes	No				Yes	No		
24			Yes	No				Yes	No		