

MAGNESIUM: Expected Reference Ranges

Magnesium	1.3 - 2.1 mEq/L
Hypomagnesemia	< 1.3 mEq/L
Hypermagnesemia	> 2.1 mEq/L

HYPOMAGNESEMIA: Risk Factors

GI loss

Alcohol use disorder

Hypocalcemia

Hypokalemia

Diabetic ketoacidosis

Hyperparathyroidism

Malabsorption

Total parenteral nutrition

Laxative abuse

Acute MI

Medications

Cisplatin

Cyclosporine

Aminoglycoside antibiotics

Diuretics

Amphotericin B

HYPOMAGNESEMIA: Manifestations

Paresthesias

Trousseau's sign

Agitation

Hyperreflexia

Insomnia

Anorexia

Vomiting

Dysrhythmias

Chvostek's sign

Confusion

Hypertension

Irritability

Nausea

Dysphagia

HYPOMAGNESEMIA: Interventions

Seizure precautions

Dietary measures & education

Monitor respirations

Monitor for signs of magnesium toxicity with IV replacement, and treat with calcium gluconate

Monitor swallowing

Monitor urine output

Administer medications: IV magnesium sulfate, PO magnesium salts

HYPERMAGNESEMIA: Risk Factors

Renal failure

Adrenal insufficiency

Lithium toxicity

Excessive Mg++ therapy

Laxative overuse

Extensive soft tissue injury or necrosis

HYPERMAGNESEMIA: Manifestations

Hypotension

Bradycardia

Coma

Hyporeflexia

Vomiting

Drowsiness

Bradypnea

Cardiac arrest

Nausea

Facial flushing

HYPERMAGNESEMIA: Interventions

Mechanical ventilation

Monitor respirations and BP

Administer meds: IV calcium gluconate, loop diuretics

Magnesium should not be administered to pts in renal failure

IV fluids (lactated Ringer's or NS)

Monitor deep-tendon reflexes



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