

mivacurium, morphine, moxifloxacin, multiple vitamins injection, mycophenolate mofetil, nafcillin, nalbuphine, nesiritide, netilmicin, niCARDipine, nitroglycerin, nitroprusside, norepinephrine, octreotide, ondansetron, oxaliplatin, oxytocin, PACLitaxel, palonosetron, pamidronate, pancuronium, papaverine, PEMEtrexed, penicillin G potassium/sodium, pentazocine, PENTobarbital, PHENobarbital, phenolamine, phenylephrine, piperacillin, piperacillin tazobactam, polymyxin B, potassium acetate/chloride, procainamide, prochlorperazine, promethazine, propranolol, protamine, pyridoxine, quiNIDine, quinupristin-dalfopristin, raNITidine, remifentanyl, Ringer's injection, riTUXimab, rocuronium, sargramostim, sodium acetate/bicarbonate, succinylcholine, SUFentanyl, tacrolimus, telavancin, teniposide, theophylline, thiamine, thiotepa, ticarcillin, ticarcillin-clavulanate, tigecycline, tirofiban, TNA (3-in-1), tobramycin, tolazoline, topotecan, TPN (2-in-1), trastuzumab, urokinase, vancomycin, vasopressin, vecuronium, verapamil, vinBLASTine, vinCRISTine, vinorelbine, vitamin B complex with C, voriconazole, zoledronic acid

SIDE EFFECTS

CNS: Muscle weakness, flushing, sweating, confusion, sedation, depressed reflexes, **flaccid paralysis**, hypothermia

CV: Hypotension, heart block, **circulatory collapse**, vasodilation

GI: *Nausea, vomiting, anorexia, cramps, diarrhea*

HEMA: Prolonged bleeding time

META: Electrolyte, fluid imbalances

RESP: Respiratory depression/paralysis

PHARMACOKINETICS

PO: Onset 1-2 hr

IM: Onset 1 hr, duration 4 hr

IV: Duration $\frac{1}{2}$ hr

Excreted by kidney, effective anticonvulsant serum levels 2.5-7.5 mEq/L

INTERACTIONS

Increase: effect of neuromuscular blockers

Increase: hypotension—antihypertensives, calcium channel blockers

Decrease: absorption of tetracyclines, fluoroquinolones, nitrofurantoin

Decrease: effect of digoxin

NURSING CONSIDERATIONS

Assess:

- **Laxative:** cause of constipation; lack of fluids, bulk, exercise; cramping, rectal bleeding, nausea, vomiting; product should be discontinued

- **Eclampsia:** seizure precautions, B/P, ECG (magnesium sulfate); magnesium toxicity: **thirst, confusion, decrease in reflexes; I&O ratio; check for decrease in urinary output**

- **Pregnancy/breastfeeding:** use only if clearly needed (chloride), contraindicated in labor, toxemia during 2 hr prior to delivery, appears in breast milk

Evaluate:

- Therapeutic response: decreased constipation, absence of seizures (eclampsia), normal serum calcium levels

Teach patient/family:

- Not to use laxatives for long-term therapy because bowel tone will be lost

- That chilling improves taste of magnesium citrate

- To shake suspension well

- Not to give at bedtime as a laxative, may interfere with sleep; that milk of magnesia is usually given at bedtime

- To give citrus fruit after administering to counteract unpleasant taste

- About reason for product, expected results

mannitol (Rx)

(man'i-tole)

Osmitol, Resectisol

Func. class.: Diuretic, osmotic

Chem. class.: Hexahydric alcohol

ACTION: Acts by increasing osmolarity of glomerular filtrate, which inhibits reabsorption of water and electrolytes and increases urinary output

USES: Edema; promotion of systemic diuresis in cerebral edema; decrease in