

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ICD-10 Diagnosis:  Hypomagnesemia (E83.42)  Other: \_\_\_\_\_

**Rx:**

\*\*Electrolytes will be infused over appropriate rates based on volume and protocols. Electrolytes will be infused in an appropriate amount of solution based upon product availability and specific IV access.\*\*

**Labs:**

Magnesium level  Other: \_\_\_\_\_

Frequency:  Once  Daily  Weekly  Twice per week  Other: \_\_\_\_\_

Duration:  Once  1 Week  1 Month  6 Months  1 Year  Other: \_\_\_\_\_

Magnesium Replacement Protocol (standard concentration: 1 gram/100 mL)

Current Serum Magnesium Level	Total Magnesium Replacement	Monitoring
1.5 – 2 mg/dL	Magnesium Sulfate IV 2 grams (1 gram over 1 hour x 2 doses)	No additional action
0.9 – 1.4 mg/dL	Magnesium Sulfate IV 4 grams (1 gram over 1 hour x 4 doses)	Recheck serum magnesium level 2 hours after infusion complete
Less than 0.9 mg/dL	Magnesium Sulfate IV 4 grams (1 gram over 1 hour x 4 doses) AND contact provider	Recheck serum magnesium level 2 hours after infusion complete

\*\*Port/PICC care per protocol will be performed if applicable including Heparin flush (500 units/5 mL) and Cathflo (2 mg) as needed for patients with a port.

Prescriber printed name: \_\_\_\_\_

Prescriber full address: \_\_\_\_\_

Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_

\_\_\_\_\_  
Prescriber signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Questions? Call (419) 591-3858. Please fax completed form to (419) 592-4004.



**HYPOMAGNESEMIA ORDER FORM**

PAGE 1 OF 1



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Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc.

**TRIAL**

*This document is currently being trialed.*