

Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226



Prince George
2025 Waterside Rd, Suite 100B
Prince George, VA 23875

Physician Order - Magnesium Sulfate

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose/Frequency Change <input type="checkbox"/> Order Renewal

Location Preference (optional)	
<input type="checkbox"/> Richmond	<input type="checkbox"/> Prince George

** If the patient has a central line - we need official placement report, diagnostic imaging to confirm tip placement and date of last access **

DIAGNOSIS AND ICD-10 CODE	
<input type="checkbox"/> Description: _____	ICD10 _____

REQUIRED DOCUMENTATION (must include)	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress Notes
<input type="checkbox"/> Patient Demographics AND Insurance Information	<input type="checkbox"/> Labs and Tests Supporting Primary Dx
<input type="checkbox"/> Serum Creatinine, Serum Magnesium AND eGFR - must be drawn within 36 hours of administration of medication	
**If eGFR is <30, reduce dose by 50%. Physician will be notified.	
**If serum creatinine is >2.5, hold infusion and contact physician for directions	
<input type="checkbox"/> Subsequent infusions: BMP and Serum Magnesium prior to each infusion and day after last planned infusion	
<input type="checkbox"/> Patient currently receiving same therapy at _____	Last dose: _____

MEDICATION ORDERS			
Magnesium Sulfate:	<input type="checkbox"/> 500mg	<input type="checkbox"/> 1g	<input type="checkbox"/> 2g
Diluent:	<input type="checkbox"/> 0.9% Sodium Chloride 250mL	<input type="checkbox"/> D5% Water 250mL	
Dosing Guidelines:			
Serum Magnesium Level	Magnesium Dose		
		eGFR ≥ 30	eGFR < 30
	1.4 - 1.7 mg/dL	1 gram	500 mg
	1.2 - 1.3 mg/dL	2 gram	1 gram
<1.2 mg/dL	Do not treat in OIC. Magnesium should be administered in an inpatient facility		
Frequency: every _____ days/weeks (circle one) Duration: _____ doses/days/weeks (circle one)			

Monitoring Parameters	Emergency Orders (for any symptoms of hypermagnesemia)
*Obtain vital signs, to include apical pulse and respirations, prior to infusion, every 15 minutes for the first hour, then every 30 minutes until the end of the infusion.	*Calcium Gluconate 1gm (10mL of 10% solution) in 50 or 100mL of 0.9% Sodium Chloride or D5% Water IV over 10 minutes at rate of 300mL/hr or 600mL/hr, respectively
*Observe patient in the OIC and record vitals 30 minutes post-infusion before releasing patient. Keep IV line in place during observation period.	**Use all new tubing for administration; do not spike into Magnesium Sulfate tubing
*For signs/symptoms of adverse reaction (precipitous drop in BP, bradypnea, developing tetany in any body part/area, developing lethargy or confusion). immediately STOP infusion and notify physician.	**Observe PIV site continuously; Calcium Gluconate is a vesicant
	*Other:

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION			
Prescriber Name:	NPI:	Contact:	
Phone:	Fax:	Email:	
Prescriber Signature:	Date:		

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com
Fax completed form and ALL required documentation to 804-554-5848
All information contained in this form is strictly confidential and will become part of the patient's record.