

NL Infusion Care, AR Gould, **Presque Isle**  
Phone: 207-768-4589; Fax: 207-768-4183

NL Infusion Care, **Blue Hill**  
Phone: 207-374-3995; Fax: 207-374-3970

NL Infusion Care, CA Dean, **Greenville**  
Phone: 207-695-5222; Fax: 207-695-4801

NL Infusion Care, **Brewer**  
Phone: 207-973-9785; Fax: 207-973-9788

NL Mary Dow Center, **Ellsworth**  
Phone: 207-664-5584; Fax: 207-664-5485

NL Infusion Care, Mayo, **Dover-Foxcroft**  
Phone: 207-564-4254; Fax: 207-564-4418

NL Mercy Cancer Care, **Portland**  
Phone: 207-553-6868; Fax: 207-904-0917

NL Infusion Care, SVH, **Pittsfield**  
Phone: 207-487-4052; Fax: 207-487-3995

**PATIENT IDENTIFICATION**  
Known allergies / medication sensitivities:

**OP IV Magnesium (Paper)**

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**Diagnosis:** \_\_\_\_\_

**IV Access**

- Saline Lock:
  - Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
  - Discontinue Saline Lock *after therapy completed*
- PICC Line:
  - Routine PICC Line Care, labs and restoration
  - Discontinue PICC Line (*verify regimen is complete with provider prior to removing line*)
- Porta cath / Central Access Device (Hickman, Triple lumen):
  - Porta cath access, labs, restoration and de-access / Central Access Device use and care

**Laboratory**

- Magnesium Level
  - Basic Metabolic Panel
  - Magnesium Level *same day post infusion*
- Frequency:**  Prior to each infusion  
 Other: \_\_\_\_\_

**Medication**

Dosing weight must be greater than or equal to 50 kg

ONE TIME ORDERS ONLY – Single infusion appointment

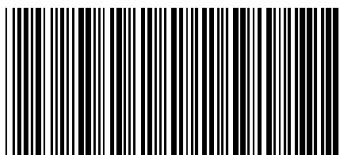
- 2 gm magnesium sulfate/50 mL 2 gm, Soln, IVPB, **1 Doses/Times**, May infuse 2 gm over 30 minutes
- 2 gm magnesium sulfate/50 mL 2 gm, Soln, IVPB, **2 Doses/Times**, May infuse 2 gm over 30 minutes

MAGNESIUM PROTOCOL – Multiple infusions needed - Based on magnesium level drawn within 48 hours of infusion

- Magnesium Protocol(IV) *Per Protocol, Protocol(IV), PRN, Magnesium Protocol*
  - If serum magnesium 1.5 - 1.8 mg/dL, administer 2 gm magnesium sulfate/50 mL, 2 gm, Soln, IVPB, 1 Doses/Times (may infuse 2 gm over 30 minutes)***
  - If serum magnesium 1.0 - 1.4 mg/dL, administer 2 gm magnesium sulfate/50 mL, 2 gm, Soln, IVPB, 2 Doses/Times (may infuse 2 gm over 30 minutes)***
  - If serum magnesium less than 1 mg/dL call provider***

**Treatment Frequency:** \_\_\_\_\_ *time(s) per week*; **Duration:** \_\_\_\_\_ *weeks / months (circle one)*

**Other:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Pharmacy Signature: \_\_\_\_\_

**PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS**  
 March 2026