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|--|--|
| <input type="checkbox"/> NL Infusion Care, AR Gould, Presque Isle
Phone: 207-768-4589; Fax: 207-768-4183 | <input type="checkbox"/> NL Mary Dow Center, Ellsworth
Phone: 207-664-5584; Fax: 207-664-5485 |
| <input type="checkbox"/> NL Infusion Care, Blue Hill
Phone: 207-374-3995; Fax: 207-374-3970 | <input type="checkbox"/> NL Infusion Care, Mayo, Dover-Foxcroft
Phone: 207-564-4254; Fax: 207-564-4418 |
| <input type="checkbox"/> NL Infusion Care, CA Dean, Greenville
Phone: 207-695-5222; Fax: 207-695-4801 | <input type="checkbox"/> NL Mercy Cancer Care, Portland
Phone: 207-553-6868; Fax: 207-904-0917 |
| <input type="checkbox"/> NL Infusion Care, Brewer
Phone: 207-973-9785; Fax: 207-973-9788 | <input type="checkbox"/> NL Infusion Care, SVH, Pittsfield
Phone: 207-487-4052; Fax: 207-487-3995 |
| <input type="checkbox"/> NL Infusion Care, Waterville
Phone: 207-861-3380; Fax: 207-861-3348 | |

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

OUTPATIENT IV MAGNESIUM

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

Medication

ONE TIME ORDERS ONLY – Single infusion appointment

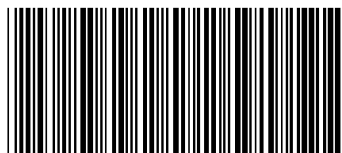
- 1 gm magnesium sulfate/100 mL D5W 1 gm, Soln, IVPB, **1 Doses/Times**, May infuse 1 gm over 60 minutes
- 1 gm magnesium sulfate/100 mL D5W 1 gm, Soln, IVPB, **2 Doses/Times**, May infuse 1 gm over 60 minutes
- 1 gm magnesium sulfate/100 mL D5W 1 gm, Soln, IVPB, **3 Doses/Times**, May infuse 1 gm over 60 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 1.4 - 1.7 mg/dL, administer 1 gm magnesium sulfate/100 mL D5W 1 gm, Soln, IVPB, 1 Doses/Times (may infuse 1 gm over 60 minutes)**
- If serum magnesium 1.2 - 1.3 mg/dL, administer 1 gm magnesium sulfate/100 mL D5W 1 gm, Soln, IVPB, 2 Doses/Times (may infuse 1 gm over 60 minutes)**
- If serum magnesium 1.0 – 1.1 mg/dL, administer 1 gm magnesium sulfate/100 mL D5W 1 gm, Soln, IVPB, 3 Doses/Times (may infuse 1 gm over 60 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
August 2024