

Magnesium Sulfate Infusion Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

Required Lab Results: N/A

Infusion Therapy:

Magnesium Sulfate _____ gram(s) IV

Frequency: _____

ICD 10 code: _____

PRN Medications

Acetaminophen 500mg PO every 4 hours PRN pain

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Special Instructions:

- Infuse:

Dose	Duration
1 Gram	30 minutes
2 Grams	1 hour
4 Grams	2 hours

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of 1st infusion and subsequent infusions PRN if previous signs of reaction observed.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: