

## Magnesium Repletion Order

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Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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gm Mg /100ml NS       2gm Mg/100ml NS       Other: \_\_\_\_\_      Frequency: \_\_\_\_\_

\* Each gram of magnesium will be administered at a rate of no greater than 1 hour.

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name		Provider Signature	
Date	Phone	Fax	Pager