**MEDICATION PROTOCOL – MAGNESIUM REPLACEMENT**

**MAY BE USED IF:** Serum Creatinine (SCr) is less than 2.5 mg/dL **AND**
Urine Output is greater than 30 ml/hour or 300 ml/12 hours

Patients on dialysis do not qualify for this protocol

Notify Physician of ALL Critical Values

*Infuse Intravenous Magnesium at a rate of 1 gram per hour unless otherwise ordered*

<table>
<thead>
<tr>
<th>FOR SERUM MAGNESIUM LEVEL:</th>
<th>DOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 1.7 mg/dl</td>
<td>No treatment</td>
</tr>
<tr>
<td>1.5 - 1.7 mg/dl</td>
<td>Magnesium Oxide 400 mg PO twice daily for 2 doses OR, if unable to take oral: Magnesium Sulfate 2 gram IVPB once (Total of 2 grams)</td>
</tr>
<tr>
<td>1.2 - 1.4 mg/dl</td>
<td>Magnesium Sulfate 2 grams IVPB every 2 hours for 2 doses (Total of 4 grams)</td>
</tr>
<tr>
<td>Less than 1.2 mg/dl</td>
<td>Magnesium Sulfate 2 grams IVPB every 2 hours for 4 doses (Total of 8 grams) Recheck serum magnesium level 4 hours after infusion complete and notify physician of results.</td>
</tr>
</tbody>
</table>

Electrolyte replacement doses will be requested via the Electrolyte Dose Replacement Request

This protocol applies to an individual magnesium level and will be repeated only if a new magnesium level is ordered by the physician.

**Nurse Signature**

**Nurse Printed Name:**

**Date Signed:**

**Time Signed:**

Per Ordering Physician (name):

**PATIENT IDENTIFICATION**

MEC Approval | CSJ -9/24/15 | CSM – 9/24/15 | CHC – 9/24/15
CHN0010 Expires – 09/2018

UNLESS NOTED AS PBO (PRESCRIBED BRAND ONLY), A FORMULARY EQUIVALENT MEDICATION MAY BE DISPENSED.