INITIAL STATUS:	☐ Place in Observation	☐ Admit to Inpatient

INITIAL BED TYPE:	☐ Non-monitored Bed	☐ Telemetry	☐ ICU

000247

Principal Diagnosis:

Allergies:

Height (cm)	Weight	Medications may be stopped based on the current Medical Staff Bylaws automatic stop order policy. A therapeutic equivalent drug approved by Pharmacy and Therapeutics Committee may be dispensed in accordance with the Medical Staff Bylaws.

DO NOT USE	U	IU	QD	Trailing Zero	Lack of Leading Zero	MS	MSO4	MgSO4	QOD

ICU Electrolyte Replacement Orders with AGGRESSIVE Magnesium Supplementation

Notice: These orders are intended for the treatment of electrolyte depletion in **ADULTS**. The orders do not apply for patients with ESRD or acute renal insufficiency, DKA, or pregnancy induced hypertension unless specified by the prescriber. **ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY**.

For patients with dosing or monitoring needs other than those outlined below, please write separate orders rather than modifying form. **The protocol will be discontinued if a patient develops acute renal failure** (rise in serum creatinine greater than or equal to 0.5 mg/dL or UOP less than 30 mL/hr.)

POTASSIUM

Level (mEq/L)	Dose	Monitoring	Comments
3.8 – 5	NONE	Recheck level in AM	• Patients tolerating oral feeding without symptomatic electrolyte abnormalities should receive oral replacement. • Notify MD if potassium is LESS THAN 3 mEq/L or GREATER THAN 6 mEq/L
3.5 – 3.7	Potassium chloride 20mEq PO or IV	Recheck level 8 hours post administration Reapply orders if needed.	
3.2 – 3.4	Potassium chloride 60mEq PO or IV		
LESS THAN 3.2	Potassium chloride 80mEq PO or IV	Recheck level 2 hours post administration Reapply orders if needed.	

AGGRESSIVE MAGNESIUM

Level (mg/dL)	Dose	Monitoring	Comments
GREATER THAN 2.3	NONE	Recheck level in AM	• Notify MD if magnesium is LESS THAN 1 mg/dL or GREATER THAN 4.5mg/dL
2 – 2.3	Magnesium Sulfate 2gm IV		
1.5 – 1.9	Magnesium Sulfate 3gm IV		
1 – 1.4	Magnesium Sulfate 4gm IV	Recheck level 2 hours post administration Reapply orders if needed.	
LESS THAN 1	Magnesium Sulfate 4gm IV		

Physician's Signature	Date / Time
Physician's Pager #	

HOUSTON
Methodist
LEADING MEDICINE

Form # 290-2 (03/04/21 v3)

ICU Electrolyte Replacement Orders with AGGRESSIVE Magnesium Supplementation

PHOSPHATE

Level (mg/dL)	Dose	Monitoring	Comments
2.5 – 4.8	NONE	Recheck level in AM	• Patients tolerating oral feeding without symptomatic electrolyte abnormalities should receive oral replacement. • Notify MD if phosphate is LESS THAN 0.9 mg/dL or GREATER THAN 9 mg/dL
2 – 2.4	Sodium Phosphate 30mmol IV **OR** Phospha Neutral 250 – 2 tablets every 4 hours for 3 occurrences		
1.5 – 1.9	Sodium Phosphate 40mmol IV **OR** Phospha Neutral 250 – 2 tablets every 4 hours for 4 occurrences		
LESS THAN 1.5	Sodium Phosphate 60mmol IV	Recheck level 2 hours post administration Reapply orders if needed.	

CALCIUM

Ionized Calcium Level (mMol/L)	Dose	Monitoring	Comments
GREATER THAN 1.17	NONE	Recheck level in AM	• Select CENTRAL or PERIPHERAL line order options based on available access • If only PERIPHERAL line is present calcium gluconate MUST be used. • Contact MD if calcium is LESS THAN 0.75mMol/L or GREATER THAN 1.5mMol/L
1.05 – 1.16	PERIPHERAL LINE: Calcium Gluconate 3gm IV **OR** CENTRAL LINE: Calcium Chloride 1gm IV	Recheck level 8 hours post administration Reapply orders if needed.	
0.91 – 1.04	PERIPHERAL LINE: Calcium Gluconate 3gm IV AND Contact Provider for further others **OR** CENTRAL LINE: Calcium Chloride 2gm IV		
LESS THAN 0.9	PERIPHERAL LINE: Contact Provider **OR** CENTRAL LINE: Calcium Chloride 2gm IV		

Physician's Signature	Date / Time
Physician's Pager #	

PATIENT LABEL

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