

## ICU/IMU Electrolyte Protocol with **NORMAL Magnesium Replacement**

These orders are intended for the treatment of electrolyte depletion in ADULTS. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY

The orders do not apply for patients with the following unless specified:

ESRD  
DKA  
Chronic heart failure  
Pregnancy induced hypertension  
Acute renal failure/AKI, defined as a rise in serum creatinine greater than or equal to 0.5 mg/dL or UOP less than 30 mL/hr

For patients with dosing or monitoring needs other than those outlined, please submit separate orders. This protocol must be discontinued once patient is no longer ICU or IMU Status.

### General

### Nursing

#### Protocols

##### Electrolyte replacement protocol - Potassium

Priority: **[ Routine ]**

Frequency: [ Once ] **[ Until Discontinued ]**

Starting: Today, At: N

Order comments:

ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY These orders are intended for the treatment of electrolyte depletion in ADULTS. The orders may not be appropriate for patients with ESRD, Acute renal failure/AKI, defined as a rise in serum creatinine greater than or equal to 0.5 mg/dL or UOP less than 30 mL/hr, chronic heart failure, DKA or pregnancy induced hypertension.

. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders. This protocol must be discontinued once patient is no longer ICU or IMU Status.

Scheduling Instructions:

##### Electrolyte replacement protocol - Magnesium

Priority: **[ Routine ]**

Frequency: [ Once ] **[ Until Discontinued ]**

Starting: Today, At: N

Order comments:

ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. These orders are intended for the treatment of electrolyte depletion in ADULTS. The orders may not be appropriate for patients with ESRD, Acute renal failure/AKI, defined as a rise in serum creatinine greater than or equal to 0.5 mg/dL or UOP less than 30 mL/hr, chronic heart failure, DKA or pregnancy induced hypertension.

For patients with dosing or monitoring needs other than those outlined below, please submit separate orders. This protocol must be discontinued once patient is no longer ICU or IMU Status.

Scheduling Instructions:

##### Electrolyte replacement protocol - Phosphate

Priority: **[ Routine ]**

Frequency: [ Once ] **[ Until Discontinued ]**

Starting: Today, At: N

Order comments:

ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. These orders are intended for the treatment of electrolyte depletion in ADULTS. The orders may not be appropriate for patients with ESRD, Acute renal failure/AKI, defined as a rise in serum creatinine greater than or equal to 0.5 mg/dL or UOP less than 30 mL/hr, chronic heart failure, DKA or pregnancy induced hypertension.

For patients with dosing or monitoring needs other than those outlined below, please submit separate orders. This protocol must be discontinued once patient is no longer ICU or IMU Status.

Scheduling Instructions:

##### Electrolyte replacement protocol - Calcium

Priority: **[ Routine ]**

Frequency: [ Once ] **[ Until Discontinued ]**

Starting: Today, At: N

Order comments:

ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. These orders are intended for the treatment of electrolyte depletion in ADULTS. The orders may not be appropriate for patients with ESRD, Acute renal failure/AKI, defined as a rise in serum creatinine greater than or equal to 0.5 mg/dL or UOP less than 30 mL/hr, chronic heart failure, DKA or pregnancy induced hypertension.

For patients with dosing or monitoring needs other than those outlined below, please submit separate orders. This protocol must be discontinued once patient is no longer ICU or IMU Status.

Scheduling Instructions:

### Notify

##### Notify Physician if potassium is less than 3 mEq/L or greater than 6 mEq/L

Priority: Routine

Frequency: **[ Until Discontinued ]** [ Once ]

Starting: Today, At: N

Order comments:

Phase of Care:

[ ] Notify Physician if magnesium is less than 1 mg/dL or greater than 4.5 mg/dL

Priority: Routine  
Frequency: **[ Until Discontinued ]** [ Once ]  
Starting: Today, At: N  
Order comments:  
Phase of Care:

[ ] Notify Physician if phosphate is less than 0.9 mg/dL or greater than 9 mg/dL

Priority: Routine  
Frequency: **[ Until Discontinued ]** [ Once ]  
Starting: Today, At: N  
Order comments:  
Phase of Care:

[ ] Notify Physician if calcium is less than 0.75 mmol/L or greater than 1.5 mmol/L; serum creatinine is greater than 1 mg/dL in 24 hours; urine output less than 0.5 ml/kg/hr

Priority: Routine  
Frequency: **[ Until Discontinued ]** [ Once ]  
Starting: Today, At: N  
Order comments:  
Phase of Care:

IV Fluids

Medications

Potassium

Potassium Level (mEq/L) Potassium Chloride Dose Monitoring  
3.5 - 3.7 20 mEq PO or IV 8 hours post administration  
3.2 - 3.4 60 mEq PO or IV  
LESS THAN 3.2 80 mEq IV ONLY 2 hours post administration  
Select CENTRAL or PERIPHERAL line order options based on available access  
Patients tolerating oral feeding without symptomatic electrolyte abnormalities should receive oral replacement.

( ) For potassium 3.5-3.7 mEq/L (Selection Required)

( ) potassium chloride CENTRAL LINE (Selection Required)

potassium chloride 20 mEq in 100 mL IVPB

Dose: **[ 20 mEq ]**  
Route: **[ intravenous ]**  
Frequency: **[ Once ]** [ Q1H ]  
Admin Duration: **[ 60 Minutes ]**  
Admin Instructions: Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered. For Central Line administration ONLY  
Priority: **[ Routine ]**

And

Recheck potassium level

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Starting: 10 Hours after signing  
Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) potassium chloride PERIPHERAL LINE (Selection Required)

potassium chloride 10 mEq in 100 mL IVPB

Dose: **[ 10 mEq ]**  
Route: **[ intravenous ]**  
Frequency: [ Once ] **[ Q1H ]**  
For: 2 Doses  
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]  
Admin Instructions: Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered. For Peripheral Line administration ONLY  
Priority: **[ Routine ]**

And

Recheck potassium level

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Starting: 11 Hours after signing  
Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) potassium chloride tablet (Selection Required)

potassium chloride (K-DUR) CR tablet

Dose: [ 10 mEq ] [ 20 mEq ]  
Route: [ oral ]  
Frequency: [ Once ] [ Daily ] [ BID ]  
Admin Instructions: Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered.  
Priority: [ Routine ]

Questions:

Hold Parameters: [ Potassium Hold Parameter Requested ] [ Once and PRN orders - no hold parameter needed ]

Possible Cascading Questions:

If (answer is Potassium Hold Parameter Requested):  
Hold for potassium:  
If (answer is Other):  
Hold for/if:

And

Recheck potassium level

Frequency: [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Starting: 9 Hours after signing  
Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) potassium chloride oral packet (Selection Required)

potassium chloride (KLOR-CON) packet

Dose: [ 20 mEq ] [ 40 mEq ]  
Route: [ oral ]  
Frequency: [ Once ] [ Daily ] [ BID ] [ TID ]  
Admin Instructions: Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered.  
Priority: [ Routine ]

Questions:

Hold Parameters: [ Potassium Hold Parameter Requested ] [ Once and PRN orders - no hold parameter needed ]

Possible Cascading Questions:

If (answer is Potassium Hold Parameter Requested):  
Hold for potassium:  
If (answer is Other):  
Hold for/if:

And

Recheck potassium level

Frequency: [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Starting: 9 Hours after signing  
Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) For potassium 3.2-3.4 mEq/L (Selection Required)

( ) potassium chloride CENTRAL LINE (Selection Required)

Potassium chloride 20 mEq/100 mL

Dose: [ 20 mEq ]  
Route: [ intravenous ]  
Frequency: [ Once ] [ Q1H ]  
For: 3 Doses  
Admin Duration: [ 60 Minutes ]  
Admin Instructions: Total dose 60 mEq. Recheck potassium level 8 hours after total dose is administered. For Central Line administration ONLY  
Priority: [ Routine ]

And

Recheck potassium level

Frequency: [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Starting: 12 Hours after signing  
Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) potassium chloride PERIPHERAL LINE (Selection Required)

Potassium chloride 10 mEq/100 mL

Dose: [ 10 mEq ]  
Route: [ intravenous ]

Frequency: [ Once ] [ **Q1H** ]

For: 6 Doses

Admin Duration: [ **60 Minutes** ] [ 120 Minutes ]

Admin Instructions: Total 60 mEq. Recheck potassium level 8 hours after total dose is administered. For Peripheral Line administration ONLY

Priority: [ **Routine** ]

And

Recheck potassium level

Frequency: [ **Once** ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 15 Hours after signing

Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) potassium chloride tablet (Selection Required)

potassium chloride (K-DUR) CR tablet

Dose: [ **60 mEq** ] [ 10 mEq ] [ 20 mEq ]

Route: [ **oral** ]

Frequency: [ **Once** ] [ Daily ] [ BID ]

Admin Instructions: Total dose 60 mEq. Recheck potassium level 8 hours after total dose is administered.

Priority: [ **STAT** ] [ Routine ]

Questions:

Hold Parameters: [ Potassium Hold Parameter Requested ] [ Once and PRN orders - no hold parameter needed ]

Possible Cascading Questions:

If (answer is Potassium Hold Parameter Requested):

Hold for potassium:

If (answer is Other):

Hold for/if:

And

Recheck potassium level

Frequency: [ **Once** ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 9 Hours after signing

Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) potassium chloride oral packet (Selection Required)

potassium chloride (KLOR-CON) packet

Dose: [ **20 mEq** ] [ 40 mEq ]

Route: [ **oral** ]

Frequency: [ **Q15 Min** ] [ Once ] [ Daily ] [ BID ] [ TID ]

For: 3 Doses

Admin Instructions: Total dose 60 mEq. Recheck potassium level 8 hours after total dose is administered.

Priority: [ **Routine** ]

Questions:

Hold Parameters: [ Potassium Hold Parameter Requested ] [ Once and PRN orders - no hold parameter needed ]

Possible Cascading Questions:

If (answer is Potassium Hold Parameter Requested):

Hold for potassium:

If (answer is Other):

Hold for/if:

And

Recheck potassium level

Frequency: [ **Once** ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 9 Hours after signing

Order comments: Recheck potassium level 8 hours after total dose is administered.

( ) For potassium level LESS than 3.2 mEq/dL (Selection Required)

( ) potassium chloride CENTRAL LINE (Selection Required)

Potassium chloride 20 mEq/100 mL

Dose: [ **20 mEq** ]

Route: [ **Intravenous** ]

Frequency: [ Once ] [ **Q1H** ]

For: 4 Doses

Admin Duration: **[ 60 Minutes ]**

Admin Instructions: Total dose 80 mEq. Recheck potassium level 2 hours after total dose is administered. For Central Line administration ONLY

Priority: **[ Routine ]**

And

Recheck potassium level

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 7 Hours after signing

Order comments: Recheck potassium level 2 hours after total dose is administered.

( ) potassium chloride PERIPHERAL LINE (Selection Required)

Potassium chloride 10 mEq/100 mL

Dose: **[ 10 mEq ]**

Route: **[ intravenous ]**

Frequency: [ Once ] **[ Q1H ]**

For: 8 Doses

Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]

Admin Instructions: Total dose 80 mEq. Recheck potassium level 2 hours after total dose is administered. For Peripheral Line administration ONLY

Priority: **[ Routine ]**

And

Recheck potassium level

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 11 Hours after signing

Order comments: Recheck potassium level 2 hours after total dose is administered.

Normal Magnesium

Magnesium Level (mg/dL) Magnesium Sulfate IV Dose Monitoring

1.5 - 1.9 3 g IV AM labs

1.0 - 1.4 4 g IV 2 hours post administration

LESS THAN 1.0 4 g IV 2 hours post administration AND Contact MD

( ) For magnesium 1.5-1.9 mg/dL (Selection Required)

3 gram total dose magnesium sulfate IV

[X] Magnesium Sulfate IV 3g (2g followed by 1g) (Selection Required)

magnesium sulfate IV 2g

Dose: 2 g

Route: **[ intravenous ]**

Frequency: **[ Once ]**

Starting: Today

Admin Duration:

Admin Instructions:

Total dose 3 gm: Infusion rate is 3 gm over 3 hours for peripheral or central infusion.

Notify MD if magnesium level is less than 1 mg/dL or greater than 4.5 mg/dL

Recheck magnesium level in AM.

Priority: **[ Routine ]**

Followed by

magnesium sulfate IV 1g

Dose: 1 g

Route: **[ intravenous ]**

Frequency: **[ Once ]**

Starting: 110 Minutes after signing

Admin Duration:

Admin Instructions:

Total dose 3 gm: Infusion rate is 3 gm over 3 hours for peripheral or central infusion.

Notify MD if magnesium level is less than 1 mg/dL or greater than 4.5 mg/dL

Recheck magnesium level in AM.

Priority: **[ Routine ]**

[X] Recheck magnesium level

Frequency: [ Once ] [ STAT ] **[ AM Draw ]** [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments: Recheck magnesium level in AM.

( ) For magnesium 1-1.4 mg/dL (Selection Required)

magnesium sulfate IV 4 gram

Dose: 4 g

Route: **[intravenous]**

Frequency: **[Once]**

Admin Duration:

Admin Instructions:

Total dose 4 gm. Infusion rate is 4 gm over 4 hours for peripheral or central infusion.

Recheck magnesium level 2 hours after total dose is administered.

Priority: **[STAT]** [ Routine ]

And

Recheck magnesium level

Frequency: **[Once]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 7 Hours after signing

Order comments: Recheck magnesium level 2 hours after total dose is administered and reapply order as needed.

( ) For magnesium LESS THAN 1 mg/dL (Selection Required)

magnesium sulfate IV 4 gram total dose

Dose: 4 g

Route: **[intravenous]**

Frequency: **[Once]**

Admin Duration:

Admin Instructions:

Contact physician immediately for magnesium level LESS than 1 mg/dL

Infusion rate is 4 gm over 4 hours for peripheral or central infusion.

Priority: **[STAT]** [ Routine ]

And

Notify Physician for magnesium LESS THAN 1 mg/dL

Priority: Routine

Frequency: **[Until Discontinued]** [ Once ]

Starting: Today, At: N

Order comments:

Phase of Care:

And

Recheck magnesium level

Frequency: **[Once]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 7 Hours after signing

Order comments: Recheck magnesium level 2 hours after total dose is administered.

Phosphate

Phosphate Level (mg/dL) Sodium Phosphate

IV Dose Phospha Neutral 250

PO Dose Monitoring

2 - 2.4 30 mmol IV 6 (2 tabs q4 hours x3) AM labs

1.5 - 1.9 40 mmol IV 8 (2 tabs q4 hours x4)

LESS THAN 1.5 60 mmol IV -- 2 hours post administration

Patients tolerating oral feeding without symptomatic electrolyte abnormalities should receive oral replacement.

( ) For phosphate 2 - 2.4 mg/dL (Selection Required)

[X] Phosphate IV or PO (Selection Required)

( ) sodium phosphate IVPB

Dose: [ 10 mmol ] [ 15 mmol ] [ 20 mmol ] [ 25 mmol ] **[ 30 mmol ]** [ 40 mmol ] [ 60 mmol ]

Route: **[intravenous]**

Frequency: **[Once]**

Admin Duration:

Admin Instructions: Total dose 30 mmol. Recheck phosphorous level in AM.

Priority: **[Routine]**

(X) sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet

Dose: [ 1 tablet ] **[ 2 tablets ]**

Route: **[oral]**

Frequency: **[Q4H]** [ Once ] [ BID ] [ TID ] [ 4x Daily ]

For: 3 Doses

Admin Instructions: Each tablet contains elemental phosphorus 250 mg (8 mmol), sodium 298 mg (13 mEq), and potassium 45 mg (1.1

mEq).  
Priority: **[ Routine ]**

**[X] Phosphorus level**

Frequency: **[ Once ]** **[ STAT ]** **[ AM Draw ]** **[ AM Draw Repeats ]** **[ Timed ]** **[ Add-on ]**  
Order comments: Recheck phosphorous level in AM.

**( ) For phosphate 1.5 - 1.9 mg/dL (Selection Required)**

**[X] Phosphate IV or PO (Selection Required)**

**( ) sodium phosphate IVPB**

Dose: **[ 10 mmol ]** **[ 15 mmol ]** **[ 20 mmol ]** **[ 25 mmol ]** **[ 30 mmol ]** **[ 40 mmol ]** **[ 60 mmol ]**  
Route: **[ intravenous ]**  
Frequency: **[ Once ]**  
Admin Duration:  
Admin Instructions: Total dose 40 mmol. Recheck phosphorous level in AM.  
Priority: **[ Routine ]**

**(X) sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet**

Dose: **[ 1 tablet ]** **[ 2 tablets ]**  
Route: **[ oral ]**  
Frequency: **[ Q4H ]** **[ Once ]** **[ BID ]** **[ TID ]** **[ 4x Daily ]**  
For: 4 Doses  
Admin Instructions: Each tablet contains elemental phosphorus 250 mg (8 mmol), sodium 298 mg (13 mEq), and potassium 45 mg (1.1 mEq).  
Priority: **[ Routine ]**

**[X] Phosphorus level**

Frequency: **[ Once ]** **[ STAT ]** **[ AM Draw ]** **[ AM Draw Repeats ]** **[ Timed ]** **[ Add-on ]**  
Order comments: Recheck phosphorous level in AM.

**( ) For phosphate LESS THAN 1.5 mg/dL (Selection Required)**

**sodium phosphate IVPB**

Dose: **[ 10 mmol ]** **[ 15 mmol ]** **[ 20 mmol ]** **[ 25 mmol ]** **[ 30 mmol ]** **[ 40 mmol ]** **[ 60 mmol ]**  
Route: **[ intravenous ]**  
Frequency: **[ Once ]**  
Admin Duration:  
Admin Instructions: Total dose 60 mmol. Recheck phosphorous level 2 hours after total dose is administered.  
Priority: **[ Routine ]**

And

**Phosphorus level**

Frequency: **[ Once ]** **[ STAT ]** **[ AM Draw ]** **[ AM Draw Repeats ]** **[ Timed ]** **[ Add-on ]**  
Starting: 7 Hours after signing  
Order comments: Recheck phosphorous level 2 hours after total dose is administered.

**Calcium**

Ionized Calcium Level (mg/dL) Calcium Gluconate IV PERIPHERAL LINE Calcium Chloride  
CENTRAL LINE Monitoring  
1.05 - 1.10 6 g IV 2 g IV 8 hours post administration  
0.91 - 1.04 6 g IV and  
Contact provider 3 g IV  
LESS THAN 0.91 Contact provider 4 g IV  
Select CENTRAL or PERIPHERAL line order options based on available access

**( ) For ionized calcium 1.05-1.10 mg/dL (Selection Required)**

**( ) Calcium gluconate PERIPHERAL LINE (Selection Required)**

**calcium gluconate 6 g IVPB**

Dose: **[ 1 g ]**  
Route: **[ intravenous ]**  
Frequency: **[ Once ]** **[ Q30 Min ]**  
For: 6 Doses  
Admin Instructions: Total dose 6 gm. Recheck ionized calcium level 8 hours after total dose is administered.  
Priority: **[ Routine ]**

And

**ionized calcium**

Frequency: **[ Once ]** **[ STAT ]** **[ AM Draw ]** **[ AM Draw Repeats ]** **[ Timed ]** **[ Add-on ]**  
Starting: 11 Hours after signing  
Order comments: Recheck ionized calcium level 8 hours after total dose is administered

( ) Calcium chloride CENTRAL LINE (Selection Required)

calcium chloride 2 g IVPB

Dose: [ 1 g ]  
Route: [ intravenous ]  
Frequency: [ Once ] [ Q1H ]  
For: 2 Doses

Admin Instructions: IRRITANT. Infuse through Central Line only. Total dose 2 gm. Recheck ionized calcium level 8 hours after total dose is administered. Do not infuse in the same IV line as phosphate-containing solutions. Stop the infusion if patient complains of pain or discomfort. Infuse NO faster than 1 gm per hour.

Priority: [ Routine ]

And

Ionized calcium

Frequency: [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 10 Hours after signing

Order comments: Recheck ionized calcium level 8 hours after total dose is administered

( ) For ionized calcium 0.91-1.04 mg/dL (Selection Required)

( ) Calcium gluconate PERIPHERAL LINE (Selection Required)

calcium gluconate 6 g IVPB

Dose: [ 1 g ]  
Route: [ intravenous ]  
Frequency: [ Once ] [ Q30 Min ]  
For: 6 Doses

Admin Instructions: Total dose 6 gm. Recheck ionized calcium level 8 hours after total dose is administered. For ionized calcium level LESS than 0.91 mMol/mL, contact physician and consider administration of IV calcium replacement using a Central Line.

Priority: [ Routine ]

And

Ionized calcium

Frequency: [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 11 Hours after signing

Order comments: Recheck ionized calcium level 8 hours after total dose is administered

And

Notify Physician for ionized calcium 0.91-1.04 mg/dL to consider central line for additional replacement.

Priority: Routine

Frequency: [ Until Discontinued ] [ Once ]

Starting: Today, At: N

Order comments: Please Notify physician for ionized calcium 0.91-1.04 mg/dl to consider central line for additional replacement.

Phase of Care:

( ) Calcium chloride CENTRAL LINE (Selection Required)

calcium chloride 3 g IVPB

Dose: [ 1 g ]  
Route: [ intravenous ]  
Frequency: [ Once ] [ Q1H ]  
For: 3 Doses

Admin Instructions: IRRITANT. Infuse through Central Line only. Total dose 3 gm. Recheck ionized calcium level 8 hours after total dose is administered. Do not infuse in the same IV line as phosphate-containing solutions. Stop the infusion if patient complains of pain or discomfort. Infuse NO faster than 1 gm per hour.

Priority: [ Routine ]

And

Ionized calcium

Frequency: [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Starting: 11 Hours after signing

Order comments: Recheck ionized calcium level 8 hours after total dose is administered

( ) For ionized calcium LESS THAN 0.9 mg/dL (Selection Required)

calcium chloride 4 g IVPB

Dose: [ 1 g ]  
Route: [ intravenous ]  
Frequency: [ Once ] [ Q1H ]  
For: 4 Doses

Admin Instructions:

IRRITANT. Infuse through Central Line only. If no central line available, contact provider.

Total dose 4 gm. Recheck ionized calcium level 8 hours after total dose is administered. Do not infuse in the same IV line as phosphate-containing solutions. Stop the infusion if patient complains of pain or discomfort. Infuse NO faster than 1 gm per hour.  
Priority: **[ Routine ]**

And

Ionized calcium

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Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Starting: 12 Hours after signing

Order comments: Recheck ionized calcium level 8 hours after total dose is administered

Labs

VTE

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Rehab

Consults

Additional Orders