

Location: _____

General
Medications
Electrolytes

- Potassium
 Potassium

- For potassium 3.5-3.7 mEq/L
- For potassium level 3.5-3.7 mEq/dL: 20 mEq total dose potassium chloride IV
 - potassium chloride 20 mEq in 100 mL IVPB** Dose: 20 mEq Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 60.000 Minutes
Admin Instructions:
Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered. For Central Line administration ONLY
 - Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
 - For potassium level 3.5-3.7 mEq/dL: 20 mEq total dose potassium chloride IV
 - potassium chloride 10 mEq in 100 mL IVPB** Dose: 10 mEq Route: intravenous Frequency: every 1 hour Frequency Limit: 2 Occurrences
Admin Instructions:
Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered. For Peripheral Line administration ONLY
 - Product Admin Instructions:**
Rate of administration should be adjusted according to patient tolerance.
 - Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
 - For potassium level 3.5-3.7 mEq/dL: 20 mEq total dose potassium chloride Oral
 - potassium chloride (K-DUR) CR tablet** Dose: 20 mEq Route: oral Frequency: once Frequency Limit: 1 Occurrences
Question(s):
Hold Paramaters:
Admin Instructions:
Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered.
 - Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
 - For potassium level 3.5-3.7 mEq/dL: 20 mEq total dose potassium chloride packet
 - potassium chloride (KLOR-CON) packet** Dose: 20 mEq Route: oral Frequency: once Frequency Limit: 1 Occurrences
Question(s):
Hold Paramaters:
Admin Instructions:
Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered.
 - Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
- For potassium 3.2-3.4 mEq/L
- For potassium level 3.2-3.4 mEq/dL: 40 mEq total dose potassium chloride IV

Sign: _____ Printed Name: _____ Date/Time: _____

- potassium chloride 20 mEq in 100 mL IVPB** Dose: 20 mEq Route: intravenous Frequency: every 1 hour Frequency Limit: 2 Occurrences Minimum Infusion Duration: 60.000 Minutes
Admin Instructions:
 Total dose 40 mEq. Recheck potassium level 8 hours after total dose is administered. For Central Line administration ONLY
- Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
- For potassium level 3.2-3.4 mEq/dL: 40 mEq total dose potassium chloride IV**
- potassium chloride IV 40 mEq total dose over 4 hours** Dose: 10 mEq Route: intravenous Frequency: every 1 hour Frequency Limit: 4 Occurrences
Admin Instructions:
 Total 40 mEq. Recheck potassium level 8 hours after total dose is administered. For Peripheral Line administration ONLY
Product Admin Instructions:
 Rate of administration should be adjusted according to patient tolerance.
- Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
- For potassium level 3.2-3.4 mEq/dL: 40 mEq total dose potassium chloride Oral**
- potassium chloride (K-DUR) CR tablet** Dose: 40 mEq Route: oral Frequency: once Frequency Limit: 1 Occurrences Priority: STAT
Question(s):
 Hold Paramaters:
Admin Instructions:
 Total dose 40 mEq. Recheck potassium level 8 hours after total dose is administered.
- Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
- For potassium level 3.2-3.4 mEq/dL: 40 mEq total dose potassium chloride packet**
- potassium chloride (KLOR-CON) packet** Dose: 40 mEq Route: oral Frequency: once Frequency Limit: 1 Occurrences
Question(s):
 Hold Paramaters:
Admin Instructions:
 Total dose 40 mEq. Recheck potassium level 8 hours after total dose is administered.
- Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 8 hours after total dose is administered.
- For potassium level LESS than 3.2 mEq/dL**
- For potassium level LESS than 3.2 mEq/dL: 60 mEq total dose potassium chloride IV**
- potassium chloride 20 mEq in 100 mL IVPB** Dose: 20 mEq Route: intravenous Frequency: every 1 hour Frequency Limit: 3 Occurrences Minimum Infusion Duration: 60.000 Minutes
Admin Instructions:
 Total dose 60 mEq. Recheck potassium level 2 hours after total dose is administered. For Central Line administration ONLY
- Recheck potassium level** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 2 hours after total dose is administered.
- For potassium level LESS than 3.2 mEq/dL: 60 mEq total dose potassium chloride IV**

Sign: _____ Printed Name: _____ Date/Time: _____

potassium chloride IV 60 mEq total dose over 6 hours Dose: 10 mEq Route: intravenous
Frequency: every 1 hour Frequency Limit: 6 Occurrences

Admin Instructions:

Total dose 60 mEq. Recheck potassium level 2 hours after total dose is administered. For Peripheral Line administration ONLY

Product Admin Instructions:

Rate of administration should be adjusted according to patient tolerance.

Recheck potassium level Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck potassium level 2 hours after total dose is administered.

Notify Physician if potassium is less than 3 mEq/L or greater than 6 mEq/L Frequency: Until discontinued

Priority: STAT

Question(s):

Potassium greater than (mEq/L): 6

Potassium less than (mEq/L): 3

BUN greater than:

Creatinine greater than:

Glucose greater than:

Glucose less than:

Hct less than:

Hgb less than:

LDL greater than:

Magnesium greater than (mg/dL):

Magnesium less than (mg/dL):

Platelets less than:

PT/INR greater than:

PT/INR less than:

PTT greater than:

PTT less than:

Serum Osmolality greater than:

Serum Osmolality less than:

Sodium greater than:

Sodium less than:

WBC greater than:

WBC less than:

Other Lab (Specify):

Potassium level Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Magnesium

Magnesium Supplementation

For magnesium level 1.5-1.9 mg/dL: 3 gram total dose magnesium sulfate IV
3 gram total dose magnesium sulfate IV

Magnesium Sulfate IV 3g (2g followed by 1g)

magnesium sulfate IV 2g Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

magnesium sulfate IV 1g Dose: 1 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Recheck magnesium level Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine
Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck magnesium level in AM.

For magnesium level 1-1.4 mg/dL: 4 gram total dose magnesium sulfate IV

Sign: _____ Printed Name: _____ Date/Time: _____

magnesium sulfate IV 4 gram total dose Dose: 4 g Route: intravenous Frequency: once Frequency

Limit: 1 Occurrences Priority: STAT

Admin Instructions:

Total dose 4 gm. Infusion rate is 4 gm over 4 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 2 hours after total dose is administered.

Recheck magnesium level Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck magnesium level 2 hours after total dose is administered and reapply order as needed.

Notify Physician for magnesium less than 1 mg/dL or greater than 4.5 mg/dL Frequency: Until discontinued

Priority: STAT

Question(s):

Magnesium greater than (mg/dL): 4.5

Magnesium less than (mg/dL): 1

BUN greater than:

Creatinine greater than:

Glucose greater than:

Glucose less than:

Hct less than:

Hgb less than:

LDL greater than:

Platelets less than:

Potassium greater than (mEq/L):

Potassium less than (mEq/L):

PT/INR greater than:

PT/INR less than:

PTT greater than:

PTT less than:

Serum Osmolality greater than:

Serum Osmolality less than:

Sodium greater than:

Sodium less than:

WBC greater than:

WBC less than:

Other Lab (Specify):

Magnesium level Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen

Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority:

Routine Specimen Type: Blood Maximum Quantity: 3

Phosphate

Phosphate

For phosphorous level (Required)

For phosphorous level 1.5-2.4 mg/dL: 15 mMol total dose sodium phosphate IV (Required)

sodium phosphate IVPB Dose: 15 mmol Route: intravenous Frequency: once Frequency

Limit: 1 Occurrences

Admin Instructions:

Total dose 15 mMol. Recheck phosphorous level in AM.

sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet Dose: 2 tablet Route: oral

Frequency: every 4 hours Frequency Limit: 3 Occurrences

Admin Instructions:

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

Phosphorus level Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen

Type: Blood Maximum Quantity: 3 Comments: Recheck phosphorous level in AM.

For phosphorous level (Required)

Sign: _____ Printed Name: _____ Date/Time: _____

For phosphorous level 1.5-2.4 mg/dL: 15 mMol total dose sodium phosphate IV (Required)

sodium phosphate IVPB Dose: 15 mmol Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

Total dose 15 mMol. Recheck phosphorous level in AM.

sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet Dose: 2 tablet Route: oral Frequency: every 4 hours Frequency Limit: 3 Occurrences

Admin Instructions:

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

Phosphorus level Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck phosphorous level in AM.

For phosphorous level (Required)

sodium phosphate IVPB Dose: 60 mmol Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

Recheck phosphorous level in AM.

Phosphorus level Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck phosphorous level in AM.

Notify Physician for phosphate less than 0.9 mg/dL or greater than 9 mg/dL Frequency: Until discontinued Priority: STAT

Question(s):

Phosphate greater than (mg/dL): 9

Phosphate less than (mg/dL): .9

BUN greater than:

Creatinine greater than:

Glucose greater than:

Glucose less than:

Hct less than:

Hgb less than:

LDL greater than:

Magnesium greater than (mg/dL):

Magnesium less than (mg/dL):

Platelets less than:

Potassium greater than (mEq/L):

Potassium less than (mEq/L):

PT/INR greater than:

PT/INR less than:

PTT greater than:

PTT less than:

Serum Osmolality greater than:

Serum Osmolality less than:

Sodium greater than:

Sodium less than:

WBC greater than:

WBC less than:

Other Lab (Specify):

Phosphorus level Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Labs

VTE

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Rehab

Sign: _____ Printed Name: _____ Date/Time: _____

Consults
Additional Orders