

PHYSICIAN'S ORDERS
Obstetrical Magnesium Sulfate

Center Patient
Admission
Label Here

Date/ Time	Drug Allergies: Indicate choice when options are available by placing a check (✓) in the box.	Nurse Initials/ Faxed
	Diagnosis:	
	Admit as <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation to:	
	Diet:	
	Hourly Intake and Output Foley Catheter to straight drain Urinary output every hour – notify M.D. if less than 30ml per hour Vital signs: _____ Temperature q 4 hrs - If greater than 99.8 then check every 2 hrs. Pulse, Respiration q 1 hr – if respirations less than 12 per min hold magnesium and notify M.D. Oxygen saturation q 4 hrs – if Oxygen saturation less than 90% notify M. D. DTR checks q 1 hour – if DTR absent or significantly decreased notify M.D.	
	Labs for PIH: CBC, CMP, PT, PTT, Fibrinogen Magnesium level 4 hours past loading dose, then every 8 hrs until Magnesium Sulfate infusion discontinued.	
	IV Fluids: Maintenance Fluid: _____ at _____ ml/hr Loading dose: Magnesium Sulfate 4 grams in 100ml water for injection infused over 30 minutes IVPB (200ml/hr) Maintenance dose: Magnesium Sulfate 20 grams in 500 ml water for injection (40mg/ml) infused at _____ gm / hr. Titrate rate of maintenance fluid to maintain total rate of _____ ml/hr.	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>_____ Physician Signature</div> <div>_____/_____/_____ Date</div> <div>_____ Time</div> </div>		