

MAGNESIUM

Electrolyte Replacement Protocol

Criteria for Usage:

- **Replacement to be oral if patient is not NPO and able to tolerate oral diet**
- **Protocol must be renewed every 72 hours by Physician**
- **Electrolyte replacement must be ordered within 4 hours of lab results**
- Notify physician if a patient is in the lowest bracket of replacement therapy
- Weight is greater than 50 kg
- Serum creatinine must be less than 2 mg/dL
- Estimated creatinine clearance must be greater than 30 mL/minute
- Patient does not have an active dialysis order
- DKA or HHS Insulin Advisor is not active
- Patient with active digoxin order requires Cardiac/Telemetry monitoring due to the risk of heart block

Magnesium Oxide – Oral

Magnesium Level (mg/dL)	Route	Replacement
less than 1.4	Oral	Notify Provider for Intravenous Magnesium Replacement
1.4 – 1.9	Oral	magnesium oxide 400 mg, Tab, Oral, BID, 2 Doses (Total Dose = 800 mg)

Magnesium Sulfate – IV

Magnesium Level (mg/dL)	Route	Replacement
less than 1.4, notify MD	Peripheral	magnesium sulfate 2 gm, IV Piggyback, q1H Interval, 2 Doses (Total Dose = 4 gm; max rate 125 mg/min)
1.4 – 1.9	Peripheral	magnesium sulfate 2 gm, IV Piggyback, Once (Total Dose = 2 gm; max rate 125 mg/min)