

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Magnesium Sulfate Order Set

1. Assess patient's allergies
2. Loading dose: Magnesium Sulfate 4 grams/100 cc IV over 20 minutes via IV pump.
3. Maintenance dose: Magnesium Sulfate 40 grams/1000 cc IV per IV pump at

Dose	Infusion Rate
1 gram/hour	25 ml/hour
2 grams/hour	50 ml/hour
3 grams/hour	75 ml/hour
4 grams/hour	100 ml/hour
4. Magnesium Level 6 hours after bolus complete. Call MD for abnormal level. (4.5 mg to 8.0 is normal).
5. Calcium Gluconate 10% readily available.
6. Continuous fetal monitoring if undelivered.
7. Foley Catheter to gravity drainage; implement Foley Catheter Removal Protocol.
8. Strict intake and output.
9. Vital signs, breath sounds, DTRs and urine output hourly until delivered or until infusion is complete. Following delivery this assessment is done per recovery protocol, followed by every 4 hours until infusion is complete.
10. Notify MD if urinary output < 30 ml/hour. Stop administration and notify MD if respirations < 12-14 per minute, significant drop in pulse or BP, depressed DTRs or any signs of fetal distress.
11. Stat Magnesium level if patient becomes symptomatic and report to MD.
12. Ask about order to address medication timing when giving Procardia following Magnesium Sulfate.

MD Signature: _____ **Date & Time:** _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4

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