



Conveniently Located in East Syracuse, Onondaga Hill & Auburn

Main Office Phone 315-472-7504

Nurse Navigator Phone 315-506-2469

Main Fax 315-634-5168

Magnesium Non-Oncology Treatment Order Set

1. Patient Name: _____

2. DOB: _____ Height (inches): _____ Weight (lbs): _____

3. Diagnosis:

☐ Primary ICD-10 Code: _____ Diagnosis description: _____

☐ Other ICD-10 Code: _____ Diagnosis description: _____

4. Pre-medications:

☐ Other Pre-medication: _____

☐ No Pre-medications indicated

5. Drug Order:

Magnesium IV *Ok to substitute with generic/biosimilar*

Dose:

☐ 1 gram in 100 mL NS over 30 min

☐ 2 grams in 100 mL NS over 1 hour

☐ 3 grams in 250 mL NS over 90 min

☐ 4 grams in 500 mL NS over 3 hours

☐ Special Instructions: _____

HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral

6. Infusion Lab Requirements:

☐ Pre-Infusion Magnesium Level: _____

HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION.

The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above.

Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

(This drug administration order form is valid for 12 months)