



attach patient label here

Physician Orders ADULT Tocolysis-Magnesium Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Patient Care		
<input checked="" type="checkbox"/> Nursing Communication	T;N, Stop magnesium sulfate infusion for symptoms of magnesium toxicity.	
Continuous Infusions		
<input type="checkbox"/> magnesium sulfate 20 g/ LR infusion 500 mL	20 g / 500 mL, IV, Routine, T;N, 50 mL/hr, T;N, Comment: Initial Rate 50mL/hr = 2g/hr	
Medications		
<input type="checkbox"/> magnesium sulfate	6 g, Injection, IV Piggyback, once, Routine, T;N, (infuse over 30 min), (OB only), Loading Dose, Comment: Infuse via infusion pump in hub nearest to patient	
<input type="checkbox"/> magnesium sulfate	4 g, Injection, IV Piggyback, once, Routine, T;N, (infuse over 30 min), (OB only), Loading Dose, Comment: Infuse via infusion pump in hub nearest to patient	
<input checked="" type="checkbox"/> calcium gluconate	1g, Injection, IV Push, N/A (1 dose), PRN signs & symptoms of magnesium toxicity, Routine, T;N, Comment: Administer with MD Supervision	

Date

Time

Physician's Signature

MD Number

