Your Hospital's Logo Here

## MED SURG ELECTROLYTE ADMINISTRATION PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	MED SURG ELECTROLYTE ADMINISTRATION
			Please verify most recent Lab Values before Electrolyte Repletion.
			DATE: TIME:
			ALLERGIES:
			Calcium Gluconate 1 gram in 100 ml NS X run(s). Infuse each run over 60
			minutes. [ DO NOT EXCEED 10 grams / 24 hours. ]
PATIENT IDENTIFICATION			
			Magnesium Sulfate grams in 250 ml NS X run(s). Infuse each run
			over 3 hours. Standard dose 1 - 4 grams. [DO NOT EXCEED 8 grams / 24 hours.]
			Potassium Chloride 10 MEQ in 100 ml Sterile Water X run(s). Infuse each
TIFIC			10 MEQ over 60 minutes. [DO NOT EXCEED 240 mEq / 24 hours.]
DEN			
II L			Potassium Phosphate 6.8 mmol (K=10 MEQ) in 100 ml NS X run(s). Infuse
TIEI			each 6.8 mmol / 10 MEQ over 60 minutes. [ DO NOT EXCEED 240 mEq / 24 hours. ]
PA			
			Potassium Phosphate 30 mmol in 100 ml NS X run(s). Infuse over 60 minutes.
			Standard dose 10 - 30 mmols.
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FAXED BY/TIME:	TIME NOTED		Doctor's Signature,MD Date
			Nurse's Signature / Title

**USE BALL POINT PEN ONLY - PRESS FIRMLY** 

## PART OF THE MEDICAL RECORD

Military Time > >