

MAGNESIUM SULFATE ORDER FORM

P: 587-454-2413 F: 587-454-0885

Patient Information

Name:	DOB (dd/mm/yyyy):	Weight:	PHN:
Address:	Allergies:	Phone number:	Emergency contact:

Prescriber Information

Name:	Office/Clinic	Phone number:	Fax number:
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Clinical Information:

Diagnosis: _____

Patient magnesium level: _____ Creatinine level: _____ eGFR: _____

Has patient tried oral magnesium supplementation: Yes No

Has patient received IV magnesium before and if so, was there a reaction?

Details: _____

Prescription:

Magnesium Sulfate to be administered by IV infusion as per product monograph

Dose: 2g 4g

Total Number of Doses: _____ Interval: Weekly Monthly 2 months 3 months

Note: Prescribers are responsible for ordering and monitoring patient blood work as well as notifying infusion clinic as soon as patient no longer requires above treatment.

If the patient has a history of reaction to any iron products: Give: <input type="checkbox"/> Methylprednisolone 125mg IV <input type="checkbox"/> Diphenhydramine 25-50 mg PO/IV <input type="checkbox"/> Acetaminophen 650 mg PO <input type="checkbox"/> Other _____	If the patient has adverse reaction DURING/POST infusion: Give: <input type="checkbox"/> Hydrocortisone 100mg IV ** and/or <input type="checkbox"/> Methylprednisolone 125mg IV ** <input type="checkbox"/> Diphenhydramine 25-50 mg PO/IV <input type="checkbox"/> Acetaminophen 650 mg PO <input type="checkbox"/> Dimenhydrinate (Gravol®) 25-50 mg PO/IV
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**Current infusion reaction protocol includes the use of above medications according to nurse's assessment

Infusion to be provided at:

SRx Clinics: SRx will arrange appointment Hospital Day Medicine: Prescriber to arrange appointment

Prescriber Signature: _____ Date: _____

PLEASE FAX COMPLETED FORM TO 587-454-0885

SRx will complete any special authorization forms required on behalf of prescribers. Infusion fee will apply if administered at SRx Clinics. Patient will be provided with a receipt to be used for health spending account (if applicable) or income tax purposes. Patients will be contacted for scheduling at an SRx Clinic within 7 days of the pharmacy having received payment. Prescriber will be provided with post infusion report once infusion has taken place. Prescriber will be notified if SRx is unable to reach patient. For patients booked at Hospital Day Medicine, Drug will be delivered to patients' home; It is the responsibility of patient to take drug to their appointment. Bloodwork may be re-ordered to meet the current standards of the Clinic.

