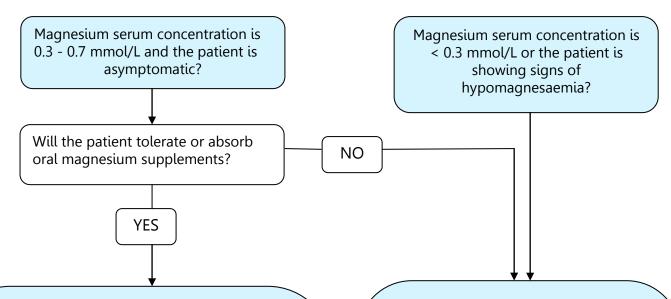
Management of Hypomagnesaemia



Oral magnesium supplements

(**N.B.** read notes below before prescribing)

Magnesium aspartate dihydrate 243 mg sachet (Magnaspartate® preferred option as licensed): (10 mmol magnesium per sachet)
1 -2 sachets daily in 50 ml - 200 ml water, tea or orange juice.

Or

Magnesium hydroxide mixture (unlicensed indication, but widely used): (5 ml contains 7 mmol magnesium) 5 ml - 10 ml four times daily.

Or

Magnesium glycerophosphate tablets (named patient preparation):

(4 mmol magnesium per tablet)

3 - 6 tablets daily

Or

Magnesium oxide capsules 160 mg (named patient preparation):

(4 mmol magnesium per capsule)

1 or 2 capsules three times daily.

- Renal impairment for Magnaspartate® avoid if CrCl <30 ml/minute. For other preparations reduce dose by 50% and use with caution.
- Monitor serum magnesium concentrations (daily if renal impairment).
- Reduce dose if diarrhoea occurs.

Intravenous magnesium supplementation as magnesium sulphate 20mmol to 30mmol per day for up to 3 days.

(Add 20 mmol (10 ml of magnesium sulphate 50%) to a 500 ml infusion bag of glucose 5% and infuse over 12 - 24 hours).

- Renal impairment reduce dose by 50%.
- There may be clinical circumstances when a shorter duration infusion would be desirable – check with senior for advice.
- Monitor serum magnesium concentrations (daily if renal impairment). Blood sample should be taken 2 hours after infusion has stopped and from the opposite arm.
- In some patients e.g. colorectal patients a 5 day infusion may be required to correct deficit. Discuss with senior if unsure of course duration.

N.B. Doses shown are suggested starting doses. Further advice is available from the Biochemistry Department.