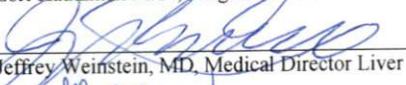
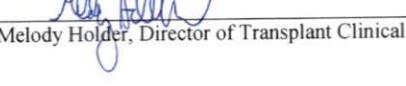


 The Transplant Institute METHODIST DALLAS Methodist Dallas Medical Center	Title: Magnesium Repletion Protocol	Effective Date: 03/04/2025
	Section: Liver	
Approved by:  _____ Lori Kautzman M.D., Surgical Director  _____ Jeffrey Weinstein, MD, Medical Director Liver Transplant  _____ Melody Holder, Director of Transplant Clinical Operations	Revision Date(s):	Next review Date: 03/2028

Purpose: To ensure uniform management of outpatient magnesium repletion after liver transplantation

Policy:

For use in patients with an eGFR > 30 mL/min

Therapeutic Range: 1.6-2.6 mg/dL

- Level < 1 mg/dL (regardless of symptoms): send for IV repletion*
- Level ≥ 1-1.6 mg/dL and **symptomatic** (tetany, arrhythmias, seizures): send for IV repletion*
- Level ≥ 1-1.6 mg/dL and **asymptomatic**: magnesium L-lactate ER (MagTab SR) 84 mg twice daily
 - Repeat level in 5-7 days. If still < 1.6 mg/dL, may increase to magnesium L-lactate ER 168 mg twice daily (max recommend dose)

*1 gram of IV magnesium sulfate increases serum magnesium ~0.1 mg/dL

Alternative initial repletion options (in order of preference)

1. Magnesium chloride (SlowMag) DR 71.5 mg once daily (max 143 mg/day)
2. Magnesium oxide 400 mg twice daily (max 1600 mg/day)