Student Name: _____ Unit:_____ Pt. Initials: _____ Date: _____

Maternal Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: _____

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Oxytocin				Y N			1. 2. 3. 4.
Magnesium Sulfate				Y N			1. 2. 3. 4.
Meperidine				Y N			1. 2. 3. 4.
Promethazine				Y N			1. 2. 3. 4.
Calcium Gluconate				Y N			1. 2. 3. 4.

Student Name: _____ Unit:_____ Pt. Initials: _____ Date: _____

Newborn Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: _____

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Phytonadione				Y N			2. 2. 3. 4.
Erythromycin Ophthalmic Ointment				Y N			1. 2. 3. 4.
Engerix B				Y N			1. 2. 3. 4.
Hepatitis B Immune Globulin				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.