

Student Name: Krishia Hernandez

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	Endocrine Metabolic Agent Pituitary Hormone Uterine Stimulant	used to induce labor or strengthen uterine contractions, or to control bleeding after childbirth.  used to stimulate uterine contractions in a woman with an incomplete or threatened miscarriage.		Y  N		Maternal: N/V, sinus bradycardia, premature ventricular complexes  Neonatal: jaundice, hyperbilirubine mia, retinal hemorrhage, low APGAR score	1. Assess the FHR for at least 20 minutes before induction to identify fetal well-being. 2. Observe for excessive UA 3. Observe FHR for patterns such as tachycardia, bradycardia, decreased variability, and pathologic (late, variable, or prolonged) decelerations. 4. Contraindications: placenta previa, vasa previa, indeterminate or abnormal fetal heart rate (FH R) patterns, abnormal fetal presentation, prolapsed umbilical cord, previous classic or other fundal uterine incision, active genital herpes infection, pelvic structural deformities, invasive cervical carcinoma.
Magnesium Sulfate	Anti-inflammatory, Laxative, Musculoskeletal Agent,	Prevention and control of seizures in severe preeclampsia, prevention of uterine contractions in		Y  N		Low blood pressure, dizziness, irregular heartbeat, muscle	1. Monitor blood pressure closely during administration 2. Assess the woman for respiratory rate above 12 breaths per minute, presence of DTRs, and urinary output greater than 30 mL/hr before administering magnesium. 3. Place resuscitation equipment (suction and

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

Allergies: \_\_\_\_\_

	Parenteral Mineral-Trace Mineral	preterm labor, and neuroprotection of preterm fetus.				weakness	oxygen) in the room. 4. Ensure calcium gluconate, which acts as an antidote to magnesium, is readily available, along with syringes and needles
Meperidine	Analgesic, Opioid	Treat moderate to severe pain.		Y N		Sweating, N/V, Dizziness, Sedated	1. Advise patient to avoid activities requiring mental alertness or coordination until drug effects are realized. 2. Instruct patient to report symptoms of respiratory depression. 3. Avoid alcohol and other CNS depressants. 4. Report serotonin syndrome, adrenal insufficiency, severe constipation, hypotension, syncope
Promethazine	Antihistamine, GI Agent	Treat restlessness and agitation; nausea and vomiting. Prevents motion sickness. Used as a sedative or sleep aid.		Y N		Dermatitis, Phototoxicity, Urticaria, N/V, Dizziness, Sedated	1. Advise pt. to report symptoms of extrapyramidal effects or NMS 2. Avoid alcohol while taking this drug 3. Pt. should not take MAO inhibitors or CNS depressants 4. Avoid prolonged exposure to sunlight – this drug can cause photosensitivity
Calcium Gluconate	Calcium Supplement, Dermatological Agent, Parenteral Mineral-Trace Mineral	Prevent or to treat calcium deficiencies. Antidote for Magnesium Sulfate		Y N		Constipation, Abd. swelling, abnormal taste in mouth	1. Advise patient there are multiple drug to drug interactions for this drug, especially the IV formation. 2. Report symptoms of bradycardia, or other arrhythmias, hypotension, syncope, cardiac arrest. 3. Tell patient to chew and swallow oral tablets thoroughly followed by a glass of water 4. This drug can cause tingling sensations, chalky taste, a sense of oppression, or heat

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Phytonadione	Vit. K, Nutritive Agent, Nutraceutical	Treat vitamin K deficiency and to treat certain bleeding or blood-clotting problems caused by other medicines or medical conditions		Y N		Decreased appetite, decreased movement or activity, difficulty in breathing, enlarged liver, general body swelling, irritability, muscle stiffness, paleness, yellow eyes or skin	1. Report rashes 2. Black Box Warning: Intravenous and intramuscular use - severe reactions, including fatalities, have occurred during and immediately after INTRAVENOUS injection of Phytonadione, even when precautions have been taken to dilute the Phytonadione and to avoid rapid infusion. 3. Monitor reduction of bleeding may be indicative of efficacy 4. Teach signs and symptoms and notify staff.
Erythromycin Ophthalmic Ointment	Antibiotics	Treat bacterial infections		Y N		minor ocular irritations, redness and hypersensitivity reactions. Burning, itching;	1. Avoid contaminating the tip of container with material from the eye, fingers or other source. 2. This drug is contraindicated in patients with a history of hypersensitivity to erythromycin. 3. Do not rinse. Ointment may be wiped from the outer eye after 1 minute.



