



Student Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Pt. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

							jaundice, or uncontrolled movements
Calcium Gluconate	Mineral and electrolyte replacements	Replacement of calcium in deficiency states	PO, IV	Y N		Arrythmias, cardiac arrest, phlebitis, headache	<ol style="list-style-type: none"> <li>1. Observe for s/s of hypocalcemia</li> <li>2. Monitor BP, pulse, ECG frequently</li> <li>3. Assess for s/s of toxicity/overdose</li> <li>4. Monitor newborns for s/s of hypocalcemia or hypercalcemia</li> </ol>

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	Fat soluble vitamins	Prevention of bleeding due to hypothrombinemia	PO, SQ, IV	Y N		GI upset, hyperbilirubinemia, erythema	<ol style="list-style-type: none"> <li>1. Monitor for frank and occult bleeding</li> <li>2. Monitor BP and pulse frequently</li> <li>3. Monitor for side effects/adverse reactions</li> <li>4. Monitor INR prior to and throughout vitamin K therapy</li> </ol>
Erythromycin Ophthalmic Ointment	Macrolides	Bacteriostatic action against susceptible bacteria	Topical	Y N		Rash, nausea, vomiting,	<ol style="list-style-type: none"> <li>1. Assess for s/s of infection</li> <li>2. Monitor for signs of superinfection</li> <li>3. Monitor for s/s of fever and diarrhea</li> <li>4. Monitor bowel function</li> </ol>
Engerix B		Vaccine	IM	Y N		Injection site soreness, fatigue, dizziness, headache	<ol style="list-style-type: none"> <li>1. Follow vaccination schedule</li> <li>2. Monitor for s/s of anaphylaxis</li> <li>3. Discuss methods of transmission and protection not full until vaccinations completed</li> <li>4. Monitor for s/s of injection site reaction</li> </ol>

Student Name: Mariah Newton

Unit: \_\_\_\_\_

Pt. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Maternal Medication Worksheet - Current Medications & PRN for Last 24 Hours**

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

Hepatitis B Immune Globulin	Immune globins	Prevention of hepatitis b infection	IM	Y N		Joint pain, weakness, pruritis, rashes	1. Determine the date of exposure to infection 2. Administer within 24hr but no later than 7 days after exposure 3. Assess for s/s of anaphylaxis 4. Discuss methods of transmission and vaccination for prophylaxis
				Y N			1. 2. 3. 4.