

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	Uterine stimulant	Help induce labor/contractions		Y N		-n/v, cardiac dysrhythmia, increased bp	1. Monitor uterine activity and fetal heart rate 2. Monitor respiratory status, water intoxication may occur 3. Contraindicated for pt who cannot deliver vaginal way 4. Oxytocin is not indicated for elective induction of labor
Magnesium Sulfate	Musculoskeletal agent	Help relax contractions		Y N		-flushing, sweating, hypotension, hyporeflexia, CNS depression	1. Monitor serum magnesium, r/o hypomagnesemia before use 2. Precaution w renal insufficiency, magnesium intoxication may occur 3. Contraindicated for mothers w toxemia of pregnancy within 2 hrs preceding delivery 4. Continued use for more than 5-7 days can lead to hypocalcemia and fetal bone abnormalities
Meperidine	Analgesic/Opioid	Help relieve pain		Y N		-sweating, n/v, sedation, hypotension, cardiac arrest, seizure, resp depression	1. Assess pt risk for abuse, and monitor for development of these behavior 2. Prolonged use may cause neonatal opioid withdrawal syndrome 3. Contraindicated w/ resp depression and concomitant use w MAOI therapy within 14day 4. Report severe constipation
Promethazine	Antihistam	Treat		Y		-itching, dry	1. Advise pt to avoid prolonged sun exposure

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

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	ine	restlessness and agitation		N		mouth, CNS depression, dizziness, blood dyscrasia,	2. Pt should not take MAOI inhibitors or CNS depressants unless supervised by HCP 3. Monitor for seizure, resp depression, eps/nms 4. Avoid activities requiring mental alertness
Calcium Gluconate	Calcium supplement	Vitamin		Y N		-abnormal taste, constipation, flatulence, swollen abdomen	1. Rt s/s of arrhythmias, hypotension 2. Pt should take oral with food or liquid 3. Chew and swallow tablets thoroughly w water 4. Consult HCP prior to new drug use

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Phytonadione	Vitamin K	Helps with coagulation		Y N		-cyanosis, diaphoresis, dizziness, dyspnea, flushing	1. Monitor closely for hypersensitivity or anaphylaxis 2. Advise pt to report rashes 3. Reduction of bleeding may be indicative of efficacy 4. Monitor prothrombin time regularly
Erythromycin Ophthalmic Ointment	Antibiotic	Help prevent eye infections in newborns		Y N		-temporary blurred vision, eye stinging	1. Let HCP know of antibiotic allergies 2. Continue using it as prescribed 3. Wash hands before application 4. Medicine should be stored at room temperature
Engerix B	vaccine	Help prevent		Y		- injection site	1. IM is preferred, but subQ may be used only

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		hepatitis B		N		rx, diarrhea, fatigue, anaphylaxis	w pt high risk for hemorrhage 2.Shake well before withdrawal and use 3.Review dosing schedule w patient 4. Infant less than 2 kg with hep B negative mom : defer until 1 month or at discharge
Hepatitis B Immune Globulin	Immune serum	Help prevent hepatitis B		Y N		- n/v , ecchymosis, joint stiffness, myalgia, malaise	1. May cause falsely elevated blood glucose 2. Risk of transmitting infection should be discussed w patient 3.Advise pt to avoid live vaccines other then hep B for 3 months after receiving this drug 4. Monitor for blood viscosity at baseline; may cause thrombosis
				Y N			1. 2. 3. 4.