Student Name: Lila Flores Unit: DB NM Pt. Initials: / Date: 3/29/21

Allergies: N/A

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

| 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 | Vit. K | Prev. bleeding | N/A | Y N | N/A | Dyspnea Cyanosis Hypotension Pruritis | 2. report rashes 2. Black box – severe reactions 3. contraindicated to hypersensitivity 4. admin cautiously in premature |
| Erythromycin Ophthalmic Ointment | antibiotic | prophylaxis | N/A | Y N | N/A | redness hypersensitivity reactions minor ocular reactions | 1. do not let tip touch eye 2. Avoid contact c eye 3. monitor for hypersensitivity 4. monitor for ocular reactions |
| Engerix B | Vaccine | Prev. Infection of Hep B. | N/A | Y N | N/A | diarrhea Nausea Fever Anaphylaxis | 1. Review dosing schedule 2. do not admin IV 3. syncope may occur 4. watch for apnea if premature |
| Hepatitis B Immune Globulin | Immune serum | Protection against Hep B. | N/A | Y N | N/A | vomiting ↓ WBC malaise | 1. may cause thrombotic event 2. Avoid live vaccines for 3 months 3. may interfere c glucose monitoring 4. monitor WBC |
| | | | | Y N | | | 1. 2. 3. 4. |

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 | induction of labor | N/A | Y N | N/A | N/V, fetal bradycardia ↑ BP | 1. Start slowly, ↑ gradually 2. give as secondary infusion 3. observe fetal ♡ patterns 4. monitor BP |
| Magnesium Sulfate | anti-inflammatory | PE-Clampsia | N/A | Y N | N/A | sweating, ♡ block, hypotension, shock | 1. use with caution w/ renal insuff- 2. monitor BP 3. monitor CNS depression 4. contraindicated c toxemia 2 hrs preceding delivery |
| Meperidine | analgesic, opioid | obstetric pain | N/A | Y N | N/A | agitation angina hypotension constipation | 1. monitor resp. status 2. monitor BP 3. tell pt to report sever constipation 4. Avoid activities c mental awar- |
| Promethazine | anti-histamine | tx N/V, allergies | N/A | Y N | N/A | sedation, constipation, photosensitiv. hallucinations | 1. Avoid prolonged exposure to sun ness 2. Avoid activities w/ mental awar 3. NO ETOH 4. do not give c MAO inhibitors |
| Calcium Gluconate | Ca supple-ment | Ca replacement | N/A | Y N | N/A | bradycardia hypotension flatulence constipation | 1. monitor for S/S of bradycardia 2. take oral powder c food or liquid 3. may have chalky taste 4. may cause tingling |

Lila Flores

# CASE STUDY - INDUCTION OF LABOR

A G3, P2 patient at 41 weeks gestation is admitted for induction of labor. Assessment data reveals: cervix dilated 2 cm, 40% effaced, -2 station, cervix firm, and membranes intact. The patient's last baby was delivered at 40 weeks and weighed 9 pounds. The physician has ordered Prostaglandin administration the evening before Oxytocin in the morning.

1. What is the indication for induction of labor?

   postterm pregnancy : 41 wks

2. Why did the physician order prostaglandins the evening before the induction?

   For cervical ripening, this softens the cervix & makes it more prepared for dilation & labor.

3. What tests or evaluation should be performed prior to the induction?

   Bishop scoring system during the cervical assessment

4. What are the nursing considerations when administering an Oxytocin infusion?

   1) give as secondary & diluted in isotonic solution (so it can be stopped easily)
   2) start slowly & increase gradually
   3) when connecting to primary IV line be sure to connect to closest possible port to IV site
   4) Fetal heart patterns, uterine activity, FHR monitored ā, during, & p̄.

Lila Flores

# CASE STUDY - Diabetes in Pregnancy

A 30-year-old, G2, P1, is in her 10th week of pregnancy. Her first baby was stillborn at 32 weeks, so she is very worried about this pregnancy. Initial lab work obtained two weeks ago included testing for diabetes, due to the patient's history a stillborn. The physician explains during the first prenatal visit there is a concern for diabetes due to an elevated glucose level. The nurse realizes patient education regarding diabetes, the effects of diabetes on both the patient and baby and how to manage diabetes it is essential.

1. Discuss maternal risks associated with diabetes and pregnancy.

- HTN
- preeclampsia
- UTI's
- ketoacidosis
- birth injury to maternal issues
- Labor dystocia, uterine atony w/ hemorrhage after birth, cesarean birth

2. Discuss fetal-neonatal risks associated with diabetes and pregnancy.

- perinatal death
- macrosomia
- congenital abnormalities
- intrauterine fetal growth restriction
- preterm labor, premature rupture of membranes, premature birth
- birth injury
- hypoglycemia
- resp. distress syndrome
- hypocalcemia
- hyperbilirubinemia

3. What educational topics should be covered to assist the patient in managing her diabetes?

- How to test for glucose lvls. and how to use the blood glucose monitor
- How to prepare / admin insulin
- sls of hypo or hyperglycemia
- dietary teaching

4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer.

Could be SGA, since 1st baby stillborn @ 32 wks or LGA since baby is born from a diabetic mom.
the

Lila Flores

# CASE STUDY - Pregnancy Induced Hypertension

A single 17-year-old patient Gr 1 Pr 0 at 34 weeks gestation comes to the physician's office for her regular prenatal visit. The patient's assessment reveals BP 160/110, DTR's are 3+ with 2 beats clonus, weight gain of 5 pounds, 3+ pitting edema, facial edema, severe headache, blurred vision, and 3 + proteinuria.

Patient's history – single, lives with her parents, attending high school, works at local grocery store in the evenings as a cashier, began prenatal care at 18 weeks, has missed two of her regularly scheduled appointments for prenatal care, never eats breakfast, snacks for lunch and eats dinner after she gets off work at 10:00 pm.

1. What disease process is this patient exhibiting? What in the assessment supports your concern?
   HTN (160/110) p 20 wks of pregnancy with proteinuria (3+), edema, HA, blurred vision
2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension?
   - age (17yo)
   - started prenatal care @ 18 wks
   - poor nutrition
   - 1st pregnancy
   - missed prev. appointments
   - doesn't eat breakfast
3. Describe how Pregnancy-Induced Hypertension affects each organ and how these effects are manifested.
   1) Pulmonary - edema, ↓O2 carrying capacity, anemia, thrombocytopenia
   2) hematological
   3) neurological - seizures, cerebral edema, stroke, visual disturbances, imp. drug metabolism & excretion
   4) hepatic - hepatic rupture
   5) Renal - oliguria, renal fail.
   6) cardiovascular - ↓ intravascular volume, CHF, edema
4. What will the patient's treatment consist of?
   Activity restrictions, daily weight, hypertensive meds, diet, & BP monitoring
5. What is the drug of choice for this condition? What other medication(s) might be ordered for this patient?
   - Labetalol - drug of choice
   - magnesium sulfate → prevents seizures
6. What are the Nursing considerations when administering the drug of choice? (Side effects & medication administration guidelines)
   - IV for 2min, pt stay supine 3hrs p inj!
   - contraindicated in pt w/ asthma, ♡ disease, CHF

   SE: SOB, hypoglycemia, skin tingle, nausea, fatigue