Student Name: Taylor Galan **Unit: OB SIM** **Pt. Initials:** **Date: 05/03/2021**

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	Uterine Stimulant	Initial 0.5 to 1 milliunit / min in 1000mL NS or LR	(Y) N		Sinus bradycardia, tachycardia, neonatal jaundice, fetal hypoxia, perinatal hepatic necrosis, fetal hypercapnia	1.oxytocin is not indicated for elective induction of labor 2.Observe for elevated BP and temp 3.Maintain mother connected to fetal heart monitor when administering medication 4. Observe for hyponatremia
Magnesium Sulfate	Laxative	Treat con-stipation, eclampsia, prophylaxis	4-5 g in 250 DSW or NS	(Y) N		Decreased reflexes, syncope, flatulence, vomiting, muscle cramps, diaphoresis, respiratory depression	1.Nausea, vomiting most common with oral supplement and flushing occurs with IV 2. Contraindicated in mothers with toxemia of pregnancy during the 2 hrs preceding delivery. 3. Use with precaution with renal insufficiency. 4. Continuous administration beyond 5 to 7 days—watch closely.
Meperidine	Analgesic	Opioid / pain reliever	50/100 mg IM/SQ	(Y) N		Agitation, confusion, abd cramps, anorexia,	1.Severe respiratory depression may occur 2.Shivering may occur after administration 3.Pro long to use during pregnancy may result in neonatal opioid withdrawal syndrome

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

Allergies: _____

			Q 1-3 hr PRN			dysuria, urinary frequency, urine retention, flushing, pruritus	4. Contra indicated if using MAOIs
Promethazine	Aliphatic, Anti-histamine, GI agent, Phenothiazine	Sedative, anti-motion-sickness, antiemetic, anticholinergic effects		Y ⃝ N		Akathisia, CNS stimulation, bradycaria, hyperglycemia, blurred vision, agranulocytosis, respiratory depression	1. Instruct the pt. to report S&S of respiratory depression or excessive sedation 2. Report S&S od extrapyramidal effects or NMS (sweating, fever, stupor, unstable BP, muscle rigidity, autonomic dysfunction) 3. Should not take MAO inhibitors or CNS depressants unless supervised by HCP 4. Report S&S of agranulocytosis, leukopenia, or thrombocytopenia
Calcium Gluconate	Ca supplement, Derma-tological agent, parenteral mineral-trace mineral	Treat Calcium deficiencies	45 to 720 mg PO	Y ⃝ N		Abnormal taste in mouth, constipation, flatulence, swollen abd.	1. Edu may cause tingling sensations, chalky taste, a sense of oppression, or heat waves 2. Report s/s of bradycardia or other arrythmias, hypotension, syncope, or cardiac arrest 3. Report S&S of CNS and bone toxicity 4. PO take with a full glass of water

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Phytonadione	Nutritive agent, Vitamin K	Prophylaxis to prevent bleeding in people with blood clotting problems	2.5 to 25 mg PO	(Y) N		Cardiac arrest, Shock, cutaneous hypersensitivity, metabolic acidosis, hypersensitivity reaction, CNS system depression, gasping for breath, respiratory arrest	1. Monitor a reduction of bleeding may be indicative of efficacy 2. Severe reactions, including fatalities, have occurred during and immediately after IV injection 3. Side effects may include cyanosis, diaphoresis, dizziness, dysgeusia, dyspnea, and flushing 4. Tell patient to report rashes
Erythromycin Ophthalmic Ointment	Macrolides	Anti-infectives	2% BID	(Y) N		Irritation, eye, redness	1. Collect culture and sensitivity prior to starting medication 2. Instruct patient to finish full dose of medication 3. Instruct patient to report vision changes 4. Teach patient to avoid tip of applicator to touch to eye & contaminate
Engerix B	Inactivated vaccine	Prophylaxis	0.5-1mL IM – 0, 1, 4-6 months	(Y) N		Local soreness, anaphylaxis, asthenia	1. Ask patient prior to administration if allergic to yeast 2. Instruct patient on the vaccine information sheet and allow for questions prior to administration 3. Review dosing schedule with patient 4. Administer injection in deltoid muscle

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Hepatitis B Immune Globulin	Immune globulin	Vaccines, immunizing agents	300 mcg, IM 26-28 weeks	(Y) N		Local soreness and erythema at injection site	1.Teach patient to avoid any live vaccine other than hep B 2. Assess vital signs prior to administration 3. Monitor lab test prior to administration 4. Assess for allergic reaction 15 minutes after administration
				Y N			1. 2. 3. 4.