

Student Name: Sarah TorresUnit: SIM

Pt. Initials: _____

Date: 5/10/2021**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	Oxytocic hormones	Stimulates uterine contractions	0.5-1mU/min IV, titrate prn for contractions	Y N	10 units/mL concentration, titrate 1-2 mU/min q 15-40 min. until normal labor pattern is reached	Sinus bradycardia, tachycardia, variable decels, fetal jaundice	1. Contraindicated if vaginal birth is contraindicated (Ex: active herpes) 2. Contraindicated for hyperactive or hypertonic uterus 3. Assess for tachysystole and decrease or stop medication as indicated 4. Assess for s/s of water toxicity
Magnesium Sulfate	Anticonvulsant	Seizure prevention, preeclampsia treatment	1-2 g/hr IV Q4hr, prn	Y N	5g/250mL NS	Pulmonary edema, depressed reflexes, flushing, hypotension	1. Assess labs, potassium levels may be affected and should be normalized 2. Assess blood pressure before and after administration 3. Assess respirations for signs of distress or pulmonary edema 4. Educate pt on signs of overdose or toxicity
Meperidine	Opioid analgesic	Moderate to severe pain management	50-100 mg IM PRN q4hrs	Y N	50mg/mL in NS, push over 2-4 minutes	Bradycardia, constipation, dizziness, faintness, hypotension	1. Doses should not exceed 600mg/24 hours 2. Prolonged use in pregnancy can result in neonatal abstinence syndrome, should only be used when necessary 3. Educate pt to not use with other CNS depressants 4. Can cause severe hypotension and syncope, educate patient to get help when getting out of bed.
Promethazine	First	Anti-emetic,	12.5-25 mg	Y	-	Tachycardia,	1. Do not nurse while taking this drug, unsure if it crosses to baby

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

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	generation antihistamine	treat nausea and vomiting	IV/IM/PO Q4-6hrs prn	N		bradycardia, photosensitivity, dry mouth, disorientation, confusion	2. Monitor injection site for signs of tissue injury, alert if burning, pain, or swelling 3. Discontinue IV immediately if pain occurs 4. Watch for EPS or NMS symptoms closely
Calcium Gluconate	Mineral supplement	Treat magnesium toxicity and low blood calcium	1.5-3 g, IV, prn electrolyte levels	Y N	Administer over 2-5 minutes	Bradycardia, hypotension, headache, constipation, diarrhea, n/v	1. Watch electrolyte levels and monitor cardiac closely for adverse effects 2. Contraindicated if hypercalcemia 3. Contraindicated for IM or SC administration 4. Contraindicated with ceftriaxone (consider c-section antibiotics used)

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Phytonadione	Vitamin k1	Supplement vitamin K to aid in normal blood clotting	90 mcg, PO, Daily	Y N	-	Dyspnea, pruritis, flushing, hypotension, taste alterations	1. Avoid IM route, risk of hematoma 2. Black Box: IV/IM reactions may occur without any prior exposure, watch patient closely 3. Other forms of vitamin K may not be as effective as K1, may educate pt 4. Time of onset depends on clotting factors, be aware of pt labs
Erythromycin Ophthalmic Ointment	Macrolide antibiotic	Prevent or treat bacterial eye infections	Apply 1 cm to eyes after	Y N		Redness, minor ocular reactions, blurry	1. Allow bonding with mother first because eyes will not look the same with ointment in them 2. Educate parents on the importance of

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

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			birth				<p>preventing bacterial eye infection</p> <p>3. Ensure tip of applicator does not touch eye to avoid contamination</p> <p>4. Can cause overgrowth of non-susceptible organisms, such as fungi</p>
Engerix B	Vaccine	Hep-B prevention	0.5 mL IM, first 12 hrs if exposure, 24 hrs if prophylactic	Y N	10 mcg/0.5mL	Pain, pruritis, erythema, burning, headache, fever	<p>1. Educate mother that infant may need immune globulin as well and additional doses to complete series</p> <p>2. Assess for 30 minutes after for possible allergic reaction</p> <p>3. Educate parent that Hep B has long incubation period and infant may still have it before vaccine given</p> <p>4. In infant, administer in vastus lateralis muscle, may need non-pharmacological pain management</p>
Hepatitis B Immune Globulin	Disease specific immune globulin	Antiviral, post-exposure prophylaxis for hep-B	0.5 mL IM, less than 12 hours after birth	Y N	-	Headache, erythema, malaise, nausea, vomiting, site pain	<p>1. Be culturally sensitive, some Jehovah's witness may refuse this medication, educate on what it is/part of blood</p> <p>2. In infant, administer in vastus lateralis muscle</p> <p>3. Provide pain management such as non-nutritive sucking or distraction</p> <p>4. May decrease WBC count, monitor this closely</p>
				Y N			<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>