

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	Induction of Labor Control postpartum bleeding		IV: 0.5-1mU/min ↑ by 1-2mU/min q 30-60min until desired contraction pattern		N/V, cardiac dysrhythmia (mom & fetus), water intoxication	1. Contraindication: hypersensitivity, anticipated nonvaginal delivery. 2. Severe hypertension may occur if oxytocin follows administration of vasopressors. 3. Assess fetal maturity, presentation & pelvic adequacy 4. Monitor mom BP & pulse frequently & fetal HR continuously.
Magnesium Sulfate	Anti-Inflammatory, Laxative, Musculoskeletal agent, mineral electrolyte	Replacement in deficiency states Resolution of eclampsia		IV IM (pre)eclampsia 4-5 g by IV infusion, concurrently w/ up to 5g IM in each buttock; then 4-5g IM q4hr or by infusion followed by 1-2 g/hr continuous not exceed 40g/day	IVP: dilute 50% solution in 0.9% NaCl or LR. Rate: not exceed 150mg/min Continuous: dilute in D5W, 0.9% NaCl or LR. Rate: over 2-4hrs not exceed 1mEq/kg/hr	Drowsiness, decrease RR, diarrhea, muscle weakness, flushing, sweating, hypothermia, capitals indicate life-threatening.	1. Medication bears a heightened risk of causing significant patient harm when used in error. 2. OB: avoid using more than 5-7 days for preterm labor 3. May increase risk of hypocalcemia & bone changes in NB 4. Avoid continuous use during active labor or w/in 2 hrs of delivery due to potential for magnesium toxicity in NB
Meperidine	Analgesic Opioid Schedule II	Decrease in severity of pain		IV: 15-35 mg/hr as continuous infusion; PCA- 10mg initially with range of 1-5mg/ incremental dose, lock interval is 6-10 min (min 5)		Seizures, confusion, sedation, hypotension, constipation, N/V, respiratory depression, hypersensitivity reaction	1. Avoid chronic use during pregnancy as can result in neonatal opioid withdrawal syndrome. 2. Contraindicated in labor & delivery. 3. Advise pt to notify if pregnant or suspected or breastfeeding. 4. Encourage pt to TCDB q2hr to avoid atelectasis.
Promethazine	Antiemetic Antihistamine Sedative/hypnotic Phenothiazine	Relief symptoms of histamine excess usually in allergic conditions, diminishes nausea or vomiting, sedation		Sedation during labor IM IV (adults) 50mg early labor; when labor is established, additional doses of 25-75 mg may be given 1-2 x at 4hr		Neuroleptic malignant syndrome, confusion, disorientation, sedation	1. OB: has been used safely during labor; avoid chronic use during pregnancy 2. Lactation: safety not established; may cause drowsiness in infants 3. Some products contain alcohol or bisulfites & should be avoided in patients with unknown intolerance.

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

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				intervals (should not exceed 100mg/24hr)			4. IV admin may cause severe injury to tissue, HTN.
Calcium Gluconate	Calcium supplement	Replacement of calcium in deficiency states		IV (adults/Tetany) 1-3g may admin until response occurs		Cardiac arrest, arrhythmias, constipation, phlebitis	<ol style="list-style-type: none"> 1. Can cause hypercalcemia. 2. Cereals, spinach or rhubarb may decrease the absorption or oral calcium supplements. 3. Calcium acetate should not be given concurrently with other calcium supplements. 4. Encourage patients to maintain a diet adequate in vit D

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Phytonadione	Nutritive Agent Vitamin K (class) Antidote Fat soluble vitamins	Prevention of bleeding due to hypoprothrombinemia		IV (adults) elevated INR with serious life-threatening bleeding- 10mg slow infusion		Hypersensitivity reactions, gastric upset, unusual taste	<ol style="list-style-type: none"> 1. Caution with hepatic impairment. 2. Severe life-threatening reactions have occurred following IV admin, use other routes unless risk is justified. 3. Take as directed, & missed dose as soon as remembered unless almost time for next dose. 4. Emphasize the importance of frequent lab test to monitor coagulation factors.
Erythromycin Ophthalmic Ointment	Macrolides Anti-infectives	Bacteriostatic action against susceptible bacteria		Y N		Torsade de pointes, ventricular arrhythmias, diarrhea	<ol style="list-style-type: none"> 1. OB: may be used in pregnancy to treat chlamydial infections or syphilis. 2. Myasthenia gravis (may worsen symptoms) 3. Contact provider if fever and diarrhea occur, especially if stool contains blood, pus or mucus. 4. Instruct not to treat diarrhea without consulting health care professional.

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Engerix B	Vaccine	Contains antigens of Hep B virus		IM 20MCG/1mL, 10 MCG/0.5 mL		Diarrhea, nausea, HA, fatigue, fever, or malaise.	<ol style="list-style-type: none"> 1. Shake well before withdrawing. 2. Goes IM. 3. Pregnancy: fetal risk cannot be ruled out 4. contraindication: previous allergic reaction to Hep B
Hepatitis B Immune Globulin	Immune serum	Prevent hepatitis B infection		IM (adults) 0.06 mL/Kg (usual dose 3-5 mL) within 7 days of exposure, repeated 28-30 days after exposure.		Pruritis, rashes, urticaria, hypersensitivity reactions	<ol style="list-style-type: none"> 1. contraindication: hypersensitivity to immune globulins, glycine, or thimerosal 2. Caution in thrombocytopenia, IgA deficiency, lactation. 3. OB: Has been used during pregnancy. 4. May interfere with the immune response to live-vaccines
				Y N			<ol style="list-style-type: none"> 1. 2. 3. 4.