

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	Exogenous hormones	To induce labor	0.5-1 milliunit /minute Q 30 or 60 min	Y N	Dilute drug by adding 10 units to 1 L of NSS or Lactated Ringer solution	Maternal: Arrhythmias, Uterine rupture, Postpartum hemorrhage, Hypotension, Seizures, Coma  Fetal: Infant brain damage, seizures, Low Apgar score at 5 minutes	1. Monitor and record uterine contractions, HR, BP, intrauterine pressure, fetal HR, and character of blood loss at least Q 15 minutes 2. Discontinue infusion immediately if uterine hyperactivity or fetal distress occurs. Administer oxygen to the mother. 3. Monitor I's and O's. Antidiuretic effect may lead to fluid overload, seizures, and coma from water intoxication. 4. Instruct patient to promptly report adverse reactions: Site irritation, nausea, bleeding, blurred vision, difficulty speaking, wheezing, itching, swelling.
Magnesium Sulfate	Minerals	Seizures for preeclampsia or eclampsia	10-14 g IV	Y N	Give 4-5 g IV in 250 mL of solution	Toxicity, Respiratory distress, Arrhythmias, Hypotension,	1. Don't exceed 40 g in 24 hours 2. Check magnesium level after repeated doses. Normal plasma magnesium level is 1.5 to 2.5 mEq/L 3. Test knee-jerk and patellar reflexes before each additional dose. If absent, notify prescriber and give no more magnesium until reflexes return 4. Keep IV calcium available to reverse magnesium intoxication

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

Allergies: \_\_\_\_\_

Meperidine	Opioids	Obstetric analgesia	50-100 mg IM or SubQ	Y N		Respiratory depression, Bradycardia, Cardiac Arrest, Shock, Seizures	<ol style="list-style-type: none"> <li>1. Monitor vital signs, pain level, respiratory status, and sedation level</li> <li>2. Don't give if respirations are less than 12 breaths/minute</li> <li>3. Keep resuscitation equipment and Naloxone available</li> <li>4. Monitor respirations of neonate exposed to drug during labor</li> </ol>
Promethazine	Phenothiazines	Obstetric sedation	25-50 mg IM or IV	Y N		Leukopenia, Agranulocytosis, Thrombocytopenia, Hyperglycemia, Respiratory depression, Apnea	<ol style="list-style-type: none"> <li>1. Maximum dose: 100 mg in 24 hours</li> <li>2. Black Box Warning: Be alert for extravasation. Severe chemical irritation and damage can result.</li> <li>3. Inject deep IM into large muscle mass, rotate injection sites.</li> <li>4. Monitor patient for NMS: altered mental status, autonomic instability, muscle rigidity, and hyperpyrexia</li> </ol>
Calcium Gluconate	Calcium salts	Adjunctive treatment of magnesium intoxication	7 mEq IV	Y N	Dilute in 5% dextrose or NSS	Bradycardia, Arrhythmias, Cardiac arrest with rapid IV use, hemorrhage	<ol style="list-style-type: none"> <li>1. Monitor calcium levels frequently</li> <li>2. Use with extreme caution in digitalized patients and patients with sarcoidosis, renal or cardiac disease, and electrolyte disturbances.</li> <li>3. Contraindicated in cancer patients with bone metastases and in those with ventricular fibrillation, hypercalcemia, hypophosphatemia, or renal calculi</li> <li>4. Monitor ECG when giving calcium IV. Stop drug and notify prescriber if patient complains of discomfort</li> </ol>

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	Isotonic/ Hypotonic/ Hypertonic			
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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	Vitamin K	Vitamin K deficiency	0.5-1 mg IM at birth	Y N		Cardiac arrest, Shock, Metabolic acidosis	1. Administer 0.5 mg IM in infants weighing 1500 g or less and 1 mg IM in infants weighing more than 1500 g 2. Administer within 6 hours after birth 3. Injection side effects: cyanosis, diaphoresis, dizziness, dysgeusia, dyspnea, and flushing 4. Tell patient to report rashes
Erythromycin Ophthalmic Ointment	Macrolides	Prevent ophthalmia neonatorum		Y N		Minor ocular irritations, Redness, Burning skin, Dryness, Pruritus, Erythema	1. Apply a ribbon of ointment about 1 cm long in lower conjunctival sac of each eye 2. Apply ointment no later than 1 hour after birth 3. Gently massage eyelids for 1 minute to spread ointment 4. Use new tube for each neonate
Engerix B	Vaccine	Prevention of Hepatitis B		Y N		D/N, Asthenia, HA, Fatigue, Fever, Malaise	1. May cause diarrhea, nausea, asthenia, headache, fatigue, fever, or malaise 2. Shake well before withdrawal and use 3. Administer into the anterolateral thigh in infants and young children
Hepatitis B Immune Globulin	Immune serums	Prevention of Hepatitis B	0.5 mL neonate single dose syringe	Y N		Chills, Fever, HA, Malaise, Hypotension, N/V	1. Inject into anterolateral thigh in neonates and children younger than age 3 2. May increase creatinine level and LFT values 3. Inspect for discoloration or particulates. Make sure drug is clear, slightly amber, and moderately viscous

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				Y			1.
				N			2.
							3.
							4.