

Student Name: Kayla Rodriguez

Unit: OB Sim

Pt. Initials: \_\_\_\_\_

Date: 11/8/21

**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	Used for induction of labor, postpartum hemorrhage	0.5-1 milliunit/m in IV gradually increase dose in increments of 1-2 milliunits/ min every 30-60 minutes	Y N	60-120millunits/hr every 30-60 minutes	Maternal - nausea, vomiting, cardiac dysrhythmia, uterine rupture, increased blood pressure, tachysystole Fetal - bradycardia, cardiac dysrhythmia	1. Administer through own pump 2. Attach to port closest to IV insertion site 3. Monitor for tachysystole and FHR 4. Teach patient it can cause nausea and vomiting
Magnesium Sulfate	Anti-inflammatory, Musculo-skeletal agent	Depresses myometrium contractility CNS depressant	Loading dose 4 g in 20-30 minutes then 2 g/hr IV, for 12-24 hours	Y N		Maternal - dry mouth, flushing, lethargy, headache, muscle weakness, cardiac arrest, pulmonary edema Fetal- respiratory depression, lethargy, hypotonia	1. Monitor for toxicity (absent deep tendon reflexes, respirations <12, severe hypotension, decreased LOC, pulmonary edema, chest pain, <30 mL/hr urine) 2. Monitor contractions and FHR 3. Teach mother to report signs of toxicity 4. Calcium gluconate is the antidote for toxicity
Meperidine	Opioid,	Pain,	50 to 100	Y		Maternal -	1. Teach patient to report symptoms of

**Newborn Medication Worksheet - Current Medications & PRN for Last 24 Hours****Allergies:** \_\_\_\_\_

	analgesic	Anesthesia	mg, PO/subQ/IM, every 3 to 4 hours as necessary	N		nausea, vomiting, dizziness, constipation, cardiac arrest, hypotension, respiratory depression Fetal- long term use can cause neural tube defects, withdrawal symptoms	hypotension, respiratory depression 2. Caution when getting out of bed due to dizziness 3. Monitor for dizziness, hypotension, and respiratory depression 4. Black Box Warning: potential for addiction, abuse, and misuse which could lead to overdose and death
Promethazine	Anti-histamine, antiemetic	Nausea and vomiting, allergic reaction, sedative	12.5-25 mg, PO, every 4 to 6 hours	Y N		Maternal - drowsiness, double vision, dry mouth, dermatitis, phototoxicity, urticaria, prolonged QT interval Fetal - increased chance of respiratory depression	1. Caution when getting out of bed 2. Report double vision 3. Avoid prolonged exposure to sunlight 4. Caution with patients taking MAO inhibitors (should not take MAO inhibitor if receiving promethazine)
Calcium Gluconate	Calcium supplement, antidote	Reverses effects of magnesium sulfate, corrects hypocalcemia	1.5-3 g, IV	Y N	15-30ml of 10% solution over 2-5 minutes	Maternal- constipation, flatulence, swollen abdomen, cardiac dysrhythmia, myocardial infarction	1. Teach patient calcium gluconate may cause a tingling sensation 2. Monitor for heart effects 3. Contraindicated in patients with hypercalcemia 4. Monitor serum calcium levels

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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	Hemostatic, vitamin, nutraceutical	Treats vitamin K deficiency and associated hemorrhagic disease	0.5-1 mg, IM, at birth	Y N		Cardiac arrest, shock, dyspnea, pruritus, injection site reaction, flushing, jaundice, cyanosis	1. Monitor for injection site reactions 2. Assess and monitor for shock and cardiac arrest 3. Assess for jaundice and cyanosis 4. Can be administered after the first breastfeeding, but not later than 6 hours of after birth
Erythromycin Ophthalmic Ointment	Antibiotic	Eye prophylaxis	1 cm ribbon of 0.5% ointment, each lower conjunctival sac as soon as possible after birth	Y N		Eye redness, irritation, burning, stinging, pain, swelling, crusting or eye drainage	1. Assess and monitor for adverse effects 2. Do not contaminate tip of ointment 3. Teach caregiver it is used to prevent conjunctivitis 4. More effective if given within one hour after birth
Engerix B	Vaccine	Hepatitis B	20mcg/mL, IM,	Y		Injection site reaction,	1. Teach caregiver signs and symptoms of anaphylaxis and to report if they occur

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		prophylaxis	after birth	N		diarrhea, nausea, fever, anaphylaxis	<ol style="list-style-type: none"> <li>2. Assess and monitor for signs of anaphylaxis</li> <li>3. Teach caregiver 3 dose series is given at birth, 1 month, and 6 months</li> <li>4. Manage diarrhea and fever if they occur</li> </ol>
Hepatitis B Immune Globulin	Immune serum	Hepatitis B prophylaxis	0.5mL solution, IM, within 12 hours of birth	Y N		Injection site reaction, nausea, vomiting, allergic reaction	<ol style="list-style-type: none"> <li>1. Assess and monitor for injection site reactions</li> <li>2. Assess and monitor for allergic reaction</li> <li>3. Blood product. Obtain consent.</li> <li>4. Give in addition to Enderix B</li> </ol>
				Y N			<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>