

Student Name: Crystal Fabila. 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	Endocrine metabolic agent, Uterine Stimulant, Pituitary hormone	Induction of labor, postpartum hemorrhage		Y N	Dilute in isotonic solution. Give as secondary infusion.	Tachysystole, Nausea and Vomiting, Hypertension, Coupling or Tripling Contractions, Cardiac Dysrhythmia.	<ol style="list-style-type: none"> 1. Report any signs of fetal distress immediately to the physician. 2. Continuous fetal monitoring is required during oxytocin IV infusion. 3. Decrease or stop infusion immediately if tachysystole or abnormal fetal heart rate patterns occur. 4. Always administer IV oxytocin via an infusion pump. Use the most proximal port.
Magnesium Sulfate	Anti inflammatory, Laxative, Musculoskeletal agent	Preeclampsia, Seizure, hypomagnesemia, Cerebral edema, Supraventricular tachycardia, constipation, postoperative pain		Y N		Hypotension, Hypocalcemia, Hypothermia, Central Nervous System Depression, Flushing, Sweating, Diarrhea.	<ol style="list-style-type: none"> 1. Do not give to a patient with current or previous myocardial damage. May cause further damage. 2. Continuous cardiac monitoring should be present for both the fetus and mom while receiving IV magnesium sulfate. This is important. 3. Be sure to check the serum magnesium level prior to administration. DO NOT administer if the lab value is abnormal. 4. Make sure to have injectable form of calcium gluconate available to reverse serious adverse effects of magnesium sulfate if needed.
Meperidine	Opioid, Analgesic	Anesthesia, Obstetric pain, Moderate to Severe Pain		Y N		Respiratory depression, Sweating, Dizziness, Lightheadedness, Cardiac Arrest,	<ol style="list-style-type: none"> 1. Advise the patient to avoid activities requiring mental alertness or coordination until drug effects subside. 2. Instruct patient to have help when getting up due to risks of falling from dizziness or lightheadedness.

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

Allergies: _____

						Withdrawal symptoms from newborn. Black Box warning: Potential for abuse, addiction, misuse, and overdose.	3. Teach patient to report symptoms of respiratory depression or severe constipation. 4. Instruct patient this medication should not be used if asthma or breathing problems are present. DO NOT breastfeed.
Promethazine	Antihistamine, Gastrointestinal agent	Allergic reactions, Motion sickness, Nausea and Vomiting, Postoperative pain, Sedation		Y N		Black Box warning: Severe tissue injury (gangrene), Dermatitis, Respiratory depression, Central Nervous System Depression, Seizures.	1. Teach patient to avoid direct sunlight and to use sunscreen as this drug can cause photosensitivity. 2. Take medication before bedtime or before meals. No empty stomach. 3. Be cautious in patients with previous seizures and continue to monitor for seizure activity as this drug can cause increased seizure activity and lower the convulsive threshold. 4. Advise patient to avoid CNS depressants while using this drug.
Calcium Gluconate	Antidote	Hypermagnesiemia	1.5-3 g IV	Y N	IV infused over 2-5 minutes	Bradycardia, Hypotension, Headache, Constipation, Diarrhea, Flatulence, Nausea, Vomiting, Hypomagnesiemia, Hypophosphatemia, Extravasation, necrosis	1. Can cause constipation 2. Gas/bloating 3. Hypotension, bradycardia 4. Syncope, tingling sensation

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Rate (ml/hr)			to IVF
	Isotonic/ Hypotonic/ Hypertonic		

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Phytonadione	Hemostatic	Promotes hepatic synthesis of clotting factors	IV	Y N	IVPB not to exceed 1mg/min, dilute in NS, D5W, or D5N5	Bleeding, hemorrhage, cyanosis, flushing, hypotension	1. Report rash or flushing 2. Report unusual bleeding or bruising 3. Report dizziness 4. Do not take with warfarin
Erythromycin Ophthalmic Ointment	Antibiotic	Prophylaxis	1 unit dose (1 cm) to eyes after birth	Y N	NA	Hypersensitivity reactions Minor ocular reactions Redness	1. Report allergic reaction 2. redness 3. swelling 4. purulent drainage
Engerix B	Vaccine	Neonatal Vaccination	IM 6-8 weeks, 4 mo, 6 mo	Y N Not indicated for newborns <4 wks	NA	Not indicated for newborns <4wks	1. 2. 3. 4.
Hepatitis B Immune Globulin	Vaccine	Vaccine	0.5 mL IM <12 hr after birth	Y N	NA	Headache, erythema, nausea, vomiting	1. Do not give within 3 mo of other live vaccine 2. Not to be given IV 3. Can cause irritation at injection site 4. Can cause redness at injection site

				Y N			1. 2. 3. 4.
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