

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.<br>IVPB - List mL/hr and time to give | Adverse Effects  | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)   |
|-------------------|------------------------------|--------------------------|------------------------|---|---|--|---|
| Oxytocin          | Exogenous hormones           | Oxytocics                | IVPB                   | Y<br>N                                      | 10 UNITS/1L LR  | Subarachnoid hemorrhage, seizures, coma, arrhythmias, abruptio placentae, postpartum hemorrhage, uterine rupture, afibrinogenemia, anaphylaxis, death from oxytocin induced water intoxication | <ol style="list-style-type: none"> <li>1. Continuous observation of the pt to identify complications.</li> <li>2. Teach the pt of the adverse reactions and to report them.</li> <li>3. Contraindicated in pt's who do not expect to deliver vaginally.</li> <li>4. Monitor fluid intake and output.</li> </ol>         |
| Magnesium Sulfate | Minerals                     | Electrolyte replacements | IVPB<br>10-14 G/250 ml | Y<br>N                                      | Initial dose is 10-14 g in 250 mL of solution   | Arrhythmias, circulatory collapse, respiratory paralysis   | <ol style="list-style-type: none"> <li>1. Have calcium gluconate available for toxicity</li> <li>2. Monitor for signs of toxicity (hyporeflexia, respiratory depression, output of less than 30 ml/hr)</li> <li>3. Have resuscitation equipment at bedside</li> <li>4. Advise pt to report adverse reactions</li> </ol> |
| Meperidine        | Opioids                      | Opioid                   |                        | Y   |   | Seizures, bradycardia,   | <ol style="list-style-type: none"> <li>1. Black box warning slow or difficult breathing, sedation, and death.</li> </ol>  |

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

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

|                   |                |                     |  |        |  |  |  |
|-------------------|----------------|---------------------|--|--------|--|--|--|
|                   |                | analgesics          |  | N      |  | cardiac arrest, shock, respiratory arrest, respiratory depression            | <ol style="list-style-type: none"> <li>2. Black box that the drug is contraindicated in pts who have received MAO inhibitors within the past 14 days.</li> <li>3. Monitor pt for opioid addiction</li> <li>4. Pt should not take drug with a benzodiazepine or alcohol.</li> </ol>   |
| Promethazine      | Phenothiazines | Antiemetics         |  | Y<br>N |  | Leukopenia, agranulocytosis, thrombocytopenia, respiratory depression, apnea | <ol style="list-style-type: none"> <li>1. Black box warning-be alert for extravasation. Severe chemical irritation and damage can result</li> <li>2. Oral med should be taken with food or milk.</li> <li>3. Monitor for altered mental status, autonomic instability, muscle rigidity, and hyperpyrexia.</li> <li>4. Pt should avoid alcohol and hazardous activities.</li> </ol> |
| Calcium Gluconate | Calcium salts  | Calcium supplements |  | Y<br>N |  | Bradycardia, arrhythmias, cardiac arrest with rapid IV use, hemorrhage       | <ol style="list-style-type: none"> <li>1. Monitor ECG</li> <li>2. Assess for extravasation, may cause severe necrosis and tissue sloughing.</li> <li>3. Use cautiously in pt's with cor pulmonale, respiratory acidosis, or respiratory failure</li> <li>4. Make sure that you are giving the correct form of calcium to the pt.</li> </ol>  |
|                   |                |                     |  |        |  |  |  |

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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.<br>IVPB - List mL/hr and time to give | Adverse Effects                                  | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)  |
|----------------------------------|------------------------------|---------------------|------------------------|---|---|--|--|
| Phytonadione                     | Vitamin K                    | Prevent bleeding    |                        | Y<br>N                                      |   | Severe or fatal reactions if used IV or IM       | 1. Prevents hemorrhagic disease of newborns<br>2. Do not take with anticoagulants<br>3. Contraindicated in pt's with liver disease<br>4. Educate the parent on why the newborn needs the vitamin.  |
| Erythromycin Ophthalmic Ointment | Macrolides                   | Antibiotics         | Ophthalmic ointment    | Y<br>N                                      |   | Minor ocular irritations, redness                | 1. Eye area should be clean of excessive discharge before application.<br>2. Wash hands before application<br>3. Do not touch the eye with the tip of the applicator<br>4. Educate pt on why the drug is given to the newborn.                                       |
| Engerix B                        | Vaccine                      | Hepatitis B Vaccine | 5mcg/0.5 ml, IM        | Y<br>N                                      |   | Possible allergic reaction, severe skin reaction | 1. Educate the pt in the schedule of shots that are given<br>2. Boosters may be given if the pt is at a high risk for hepatitis B<br>3. Vaccine will not protect the pt if they are already infected with the virus<br>4. Educate the pt on how hepatitis is spread. |
|                                  |                              |                     |                        |   |   |  |  |
| Hepatitis B Immune Globulin      | Immune serums                | Prophylaxis drugs   | 0.06ML/kg, IM          | Y<br>N                                      |   | Blood clots, sudden numbness or weakness, chest  | 1. Teach the pt that the drug is given due to exposure of Hep B virus exposure, and to prevent recurrence of an infection<br>2. Drug is given to neonates born to HBsAg  |

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|--|--|--|--|--|--|---|---|
|  |  |  |  |  |  | pain, trouble breathing, tachycardia, coughing up blood | positive patients<br>3. Advise the mother of the Hep B vaccine shot schedule<br>4. The vaccine should not be given while receiving the immune globulin. |
|--|--|--|--|--|--|---|---|