

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	Causes selective stimulation of uterine		Y N	IV: Dilute 1 mL (10 units) in 1 L of compatible infusion fluid IV: 0.5-1 mU/min increase by 1-2mU/min every 30-60 min until desired contraction pattern established	Coma, seizures, intracranial hemorrhage, asphyxia	1. Monitor maternal BP and pulse frequently and fetal heart rate 2. Drug is only indicated for the medical, rather than the elective induction of labor 3. Discontinue immediately if uterine hyperactivity 4. This drug occasionally causes water intoxication. Monitor patient for s/s (drowsiness, listlessness, confusion, headache, anuria) and notify HCP
Magnesium Sulfate	Magnesium salts	Saline laxative that produces an osmotic effect in the small intestine by drawing water in		Y N	IVP: NaCl or D5W and administer over several min at a rate not to exceed 150mg/min	Hypothermia, decrease respiratory rate, hypotension	1. Contraindicated in patients with myocardial damage, fecal impaction, and rectal fissure 2. Monitor neuro status before and throughout therapy. Institute seizure precautions 3. Before giving medication for constipation determine if patient has adequate fluid intake 4. Monitor intake and output

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

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Meperidine	Opioids	Binds with opioid receptors in the CNS altering pain receptors		Y N		Bradycardia, cardiac arrest, Seizures, respiratory depression, hypersensitivity reactions	<ol style="list-style-type: none"> 1. Contraindicated in patients who receive MAO inhibitors within the past 14 days 2. Assess bowel function routinely 3. May cause drowsiness or dizziness so need to call for assistance 4. Advise patient to change positions slowly to minimize orthostatic hypotension
Promethazine	Phenothiazines	Prevents histamine-mediated responses		Y N	IVP: Dilute with 0.9% NaCl or D5W, Should not exceed 25mg/mL. Administer each 35mg slowly over at least 10-15 min	Neuroleptic malignant syndrome, photosensitivity, blood dyscrasias	<ol style="list-style-type: none"> 1. Assess for fall risk. May cause drowsiness, orthostatic hypotension 2. Change positions slowly 3. Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, seizures, sweating, pallor, tiredness, severe muscle stiffness, loss of bladder control) 4. Monitor patient for onset of EPS effects
Calcium Gluconate	Calcium Salts	Replaces calcium and maintains calcium levels		Y N	IV: 1-2 g initially, then give subsequent doses, if needed, as 1-2 g every 6 hr or as continuous infusion of 5.4-21.5 mg/kg/hr- 200mg/min IVP:Dilute in D5W or 0.9% NaCl 10-50mg/mL Rate- maximum rate of 1.5mL/min	Cardiac arrest, phlebitis, arrhythmias	<ol style="list-style-type: none"> 1. Monitor BP, pulse, and ECG frequently during parenteral therapy. 2. Observe patient closely for symptoms of hypocalcemia (paresthesia, muscle twitching, laryngospasm, colic, cardiac arrhythmias, Chvostek's or Trousseau's sign) 3. Assess IV site for patency. 4. Encourage patients to maintain a diet adequate in vitamin D

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Phytonadione (vitamin k)	Fat-soluble vitamin	Antidotes, vitamins	0.5 -1 mg within 1 hr of birth, may repeat in 6-8 hr if needed	Y N		Hypersensitivity reactions, hemolytic anemia, hyperbilirubine mia	<ol style="list-style-type: none"> 1. Advise patient to report any symptoms of unusual bleeding or bruising 2. Instruct patient to use soft toothbrush, do not floss, and shave with electric razor until coagulation defect is corrected 3. Advise patient to notify HCP of all Rx or OTC medications, vitamins or herbal products being taken 4. Caution patient to avoid IM injections
Erythromycin Ophthalmic Ointment	Macrolides	Inhibits protein synthesis		Y N		Hypersensitivity reactions, ventricular arrhythmias, interval prolongation	<ol style="list-style-type: none"> 1. Assess for infection (VS, appearance of wound, sputum, urine and stool, WBC) at the beginning of and during therapy 2. Obtain specimens for culture and sensitivity before initiating therapy 3. Instruct patient to notify HCP if symptoms do not improve 4. Cleanse area before application. Wear gloves during application
Engerix B		Vaccines	10 micrograms/0.5 ml	Y N		Paralysis, joint pain, swollen glands	<ol style="list-style-type: none"> 1. Important to return for your injections at the recommend times 2. Given into thigh

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							3. Shouldn't be given if high fever 4.
Hepatitis B Immune Globulin	Immune globulins	Vaccines/ immunizing agents		Y N	0.5 mL within 12 hrs of birth	Hypersensitivity reactions, rashes, faintness	1. Assess patient for signs of anaphylaxis 2. Explain to guardian the use and purpose of hepatitis B immune globulin therapy 3. Inform guardian that pain, tenderness, swelling, and erythema at the injection site may occur after IM injection 4. Advise the patient to report symptoms of anaphylaxis
				Y N			1. 2. 3. 4.