

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
Sidney Fahnert	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	Oxytocic Hormones	Induction of labor, Increase contractions, increase lactation.	Unknown IVPB	Y	Usually mixed within LR. MI/hr is determined by the physician.	Tachysystole, dysrhythmias, BP changes, water intoxication, uterine rupture.	<ol style="list-style-type: none"> 1. Fetal heart monitoring must be in place if this drug is given. 2. Assess baseline vitals and FHR prior to and during administration. 3. Stop oxytocin if there are signs of tachysystole or if the fetus is distressed secondary to position or difficult delivery. 4. If patient continues to bleed after placenta is given, oxytocin can be given to help the uterus contract and slow the bleeding.
Magnesium Sulfate	Antidysrhythmic, cathartic, anticonvulsant.	Prevent seizures with patients who have preeclampsia.	IV, IVPB, IM	Y	Initially infused at 4-6 grams over 15-30 minutes. Then a maintenance dose of 2-3 grams an hour.	Flushing, HA, dry mouth, hot flashes, blurred vision.	<ol style="list-style-type: none"> 1. Prepare for possible seizures by putting seizure precautions into place such as cushions to the bed. 2. This drug can pass through the breastmilk, talk to HCP about breastfeeding. 3. Assess blood pressure for signs of preeclampsia and maintain control or prevent seizures prior to occurring. 4. Can cause harm to an unborn baby, ensure proper administration per PCP.
Meperidine	Opiate analgesic (narcotic)	Treat moderate to severe pain. Can be used during labor.	SQ, IM, IV (25-50 mg q 3 hours)	Y	Usually given q 4 hours as needed. 10mg/ml over 5 minutes if IVP.	Neonatal opioid withdrawal, respiratory depression, cardiac arrest,	<ol style="list-style-type: none"> 1. Assess for respiratory status of mother prior to administration and do not administer if less than 10 BPM. 2. Assess fetal heart rate and watch continuously to ensure no placental

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			PRN)		15-35 mg/hr if IVPB.	lightheadedness , NV.	insufficiency. 3.Assess blood pressure prior to and after administration of medication, if hypotensive less than 100 systolic perform intrauterine resuscitation. 4.Prepare for possibility of respiratory resuscitation after delivery of the fetus.
Promethazine	Phenothiazine, antiemetic, antihistamine	Prevent and treat nausea and vomiting in pregnancy.	12.5-25 mg q 4-6 hours usually. PO	Y	NA	Irregular HR, seizures, hallucinations, drowsiness, dry mouth, nightmares.	1.Monitor FHR to ensure no respiratory compromise to the fetus. 2.Prepare for possible cardiac or respiratory arrest post birth for the newborn. 3.Perform intrauterine resuscitation efforts if needed. 4.Assess respiratory rate of the mother and ensure that she does not have any depression.
Calcium Gluconate	Antidote, calcium salts.	Treat hypocalcemia, hypoparathyroidism.	IV, IVPB (500mg-2g)	Y	Rate should not exceed 200mls/hr. Can be mixed in sodium chloride.	Tingling sensation, dry mouth, increased thirst, constipation, NV.	1.Inform HCP of any changes or difficulty with bowel movements. 2.No known complications with breastfeeding, can continue as normal. 3.Assess lab values such as calcium and other electrolytes. 4.Teach patient how to increase calcium levels in their diet.

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Phytonadione	Vitamins	Prevent bleeding, supply vitamin K.	IV, SQ, IM, PO	Y	Adults 150 mcg IVP, slow. Neonates 80-200 mcg added to TPN.	Tachycardia, SOB, cyanosis, flushing, dizziness	2. Inform patient to use the call light prior to getting up due to dizziness. 2. Inform HCP or nurse if the patient begins to feel short of breath or any signs of allergic reaction. 3. Assess patient for signs of bleeding or hypotension such as BP and HR. 4. Do not take more than directed by the HCP, can cause serious complications.
Erythromycin Ophthalmic Ointment	Macrolide Antibiotic	Treat or prevent bacterial infections of the eye.	Topical, once at birth.	Y	NA	Burning of eye, allergic reaction, change in vision, swelling.	1. Inform HCP of difficulty seeing. 2. Do not apply more than directed by HCP. 3. Place in the eyelid from the inner canthus outward. 4. After administration keep the eye closed for 1-2 minutes.
Engerix B	Vaccine viral	Immunization against Hep B virus.	IM, 4 doses of 40 mcg at 0, 1, 2, and 6 months.	Y	NA	Pain at injection site, allergic reaction, diarrhea, sore throat, NV, HA	1. Seek medical attention if symptoms of allergic reaction such as SOB, rash, etc. 2. Remain well hydrated if diarrhea or vomiting persist. 3. Four doses of the vaccination are given at 0, 1, 3, and 6 months. 4. Given IM injection, do not rub the site.
Hepatitis B Immune Globulin	Immune globulin	Given to prevent the fetus from being infected with Hep B	IM, Possibly 0.06ml/hg for one dose. Given IV for liver complications.	Y	NA	Elevated liver enzymes, hypotension, headache, vomiting, dizziness.	1. This medication should not be given IV for any reason other than liver transplant, ensure it is given IM. 2. Do not rub the site, assess for redness or abnormalities. 3. Can cause false hyperglycemia readings, use cautiously with diabetic patients. 4. If dizzy or hypotensive, use call light prior to standing up.

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				Y			1.
				N			2.
							3.
							4.