

**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	Oxytocic Agents	Induce labor	Specific to patient and situation	Yes	10 units/mL 0.5-1 mUnit/min IV, titrate 1-2 mUnit/min q15-60min	Sinus bradycardia, tachycardia, brain damage, neonatal seizure, fetal death	<ol style="list-style-type: none"> <li>1. Monitor FHR the whole time you have oxytocin going</li> <li>2. Give mother IM injection of oxytocin after the placenta is delivered to prevent hemorrhaging</li> <li>3. Monitor contractions during labor to ensure that no more than 5 contractions occur in 10 min</li> <li>4. Be prepared to stop oxytocin infusion by placing secondary tubing in most proximal port</li> </ol>
Magnesium Sulfate	Anticonvulsant	Prevent seizure associated with preeclampsia, and control eclamptic seizures	Specific to patient and situation	Yes	40 mg/mL 80mg/mL 1g/100mL 2g/100mL	Circulatory collapse, respiratory paralysis, hypothermia, depressed reflexes, hypotension, drowsiness	<ol style="list-style-type: none"> <li>1. Be prepared to stop magnesium sulfate infusion by placing secondary tubing in most proximal port.</li> <li>2. Monitor patients' blood pressure frequently</li> <li>3. Initiate seizure precautions, injury prevention, padded side rails, suction</li> <li>4. Start a second IV site with this medication running so you can have magnesium sulfate, and oxytocin at the proximal port</li> </ol>
Meperidine	Opioid	For acute	Specific to	Yes	25 mg/mL 50 mg/mL	Bradycardia, cardiac arrest,	<ol style="list-style-type: none"> <li>1. Check the patients respiratory rate before and after administering this medication</li> </ol>

Student Name: \_\_\_\_\_

Unit: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

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

	analgesic	severe pain	patient and situation		75 mg/mL 100 mg/mL	dry mouth, dizziness	<ol style="list-style-type: none"> <li>2. Provide patient with ice or oral swabs to help with the dry mouth</li> <li>3. Implement continuous FHR monitoring to assess fetal well-being during administration</li> <li>4. Monitor patient baby for signs of hypoxia immediately after delivery and initiate resuscitation if needed</li> </ol>
Promethazine	Antiemetic agent	Treat nausea and vomiting related to pregnancy	Specific to patient and situation	Yes	25 mg/mL 50 mg/mL	Drowsiness, confusion, blurred vision, tachy/bradycardia, dry mouth	<ol style="list-style-type: none"> <li>1. Teach patient how to get up slowly if they are experiencing blurred vision, confusion, drowsiness</li> <li>2. Advise patient to drink water often, ice chips and chewing gum to help with dry mouth</li> <li>3. Teach patient to write journal describing the symptoms, and if the symptoms are improving and/or declining</li> <li>4. Teach patient the difference between normal pregnancy nausea and vomiting versus hyperemesis gravidarum</li> </ol>
Calcium Gluconate	Minerals and electrolytes	Antidote to magnesium sulfate toxicity, To treat low calcium levels	Specific to patient and situation	Yes	100 mg/mL	Bradycardia, hypotension, headache, N/V	<ol style="list-style-type: none"> <li>1. Always have this medication ready to administer when a patient is on magnesium sulfate</li> <li>2. Monitor patients cardiac statuses</li> <li>3. Know the signs &amp; symptoms of mag sulfate toxicity</li> <li>4. Monitor vital signs, hypotension could happen after administration of this medication</li> </ol>

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

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

	Isotonic/ Hypotonic/ Hypertonic		
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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	hemostatics	Promote clotting factors	Specific to patient and situation	Yes	2 mg/mL 10 mg/mL	Anaphylaxis with too rapid IV admin, itching, dyspnea, flushing	<ol style="list-style-type: none"> <li>1. Monitor patient for 30 minutes after IV or IM administration</li> <li>2. Teach patient s/s of anaphylaxis</li> <li>3. Ask physician if patient is eligible for an antihistamine if patient is experiencing pruritis</li> <li>4. May need to monitor patients blood work</li> </ol>
Erythromycin Ophthalmic Ointment	Ophthalmic anti-infectives	Prophylactic antibiotic treatment for eye infections	Apply from unit dose (1 cm) to eyes after birth in newborns	Yes	N/A	Hypersensitivity reactions, minor ocular reactions, redness in the eyes	<ol style="list-style-type: none"> <li>1. Teach parents the purpose of the ointment in their newborns eyes</li> <li>2. Apply medication during initial newborn assessment</li> <li>3. Warn parents that some redness may be present after this is put into the eyes</li> <li>4. Teach parents s/s of hypersensitivity reactions</li> </ol>
Engerix B	Viral vaccine	Prevention of hepatitis B	0.5 mL IM within 24h of birth	Yes	10 mcg/ 0.5mL	Pain, redness at site of injection, burning, fever, fatigue	<ol style="list-style-type: none"> <li>1. Screen mother before delivery to decide whether or not her child will qualify for this vaccine</li> <li>2. Teach parents that patient will need more doses of this vaccine</li> <li>3. Inject within the vastus lateralis</li> <li>4. Determine patient's eligibility based on birth weight and gestational age</li> </ol>

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Hepatitis B Immune Globulin	Immune globulins	Prevent hepatitis B in babies born to positive mothers	0.5 mL IM <12 hr after birth	Yes	NA	Fever, redness of skin, N/V	<ol style="list-style-type: none"><li>1. teach parents why their child is receiving this, and have consent to give this medication</li><li>2. administer Vit K before administering immune globulin to prevent any bleeding</li><li>3. Monitor patient for signs of adverse reaction symptoms, or allergic reaction</li><li>4. Make sure that the mother is screened when she comes in for labor</li></ol>