

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	Oxytocic Agent		Y N	10 units diluted in 1000 mL of NSS or lactated ringer solution	Nausea Vomiting Uterine hypertonicity Uterine Rupture Abruptio Placentae Hemorrhage Seizures	1. Teach patient and family to report site irritation, nausea, bleeding, blurred vision, difficulty speaking, wheezing, itching, swelling. 2. Monitor I&O's as the antidiuretic effect may cause fluid overload and water intoxications. 3. Discontinue the drug if uterine hyperactivity or fetal distress occurs. 4. Contraindicated if vaginal delivery is not advised due to placenta previa, vasa previa, or genital herpes.		
Magnesium Sulfate	Minerals	Antiseizure Agent/ Electrolyte replacement		Y N	Dilute solution for IV infusion to a concentration of 20% or less	Toxicity Depressed Reflexes Flushing Drowsiness Diaphoresis Hypotension Vision changes Impaired cardiac function	1. Keep IV calcium available to reverse magnesium intoxication. 2. Monitor knee-jerk and patellar reflexes before each additional dose and notify prescriber if absent. 3. Monitor fluid intake and output. Output should be 100 mL or more during 4-hour period before dose. 4. Check magnesium level after repeated doses and monitor renal functions.		
Meperidine	Opioids	Opioid Analgesics		Y N		Dizziness Agitation Flushing Orthostatic Hypotension Urinary retention Seizures Respiratory Arrest	1. Contraindicated with Benzodiazepines as it may cause slow or difficult breathing. 2. Contraindicated with MAO Inhibitors as it may increase CNS and respiratory depression and hypotension that can be fatal. 3. Keep opioid antagonist (Naloxone) always at hand. 4. Monitor patient for S/S of adrenal insufficiency (N/V, loss of appetite, fatigue, weakness, dizziness, low BP).		

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Promethazine	Phenothiazines	Antiemetics		Y N		Tissue Damage Respiratory Depression Blurred Vision Confusion Rhinitis Hallucinations Seizures	<ol style="list-style-type: none"> 1. Be alert for extravasation during IV use as it can cause tissue damage. Adverse reactions can include burning, pain, thrombophlebitis, tissue necrosis, and gangrene. 2. Monitor patient for altered mental status, autonomic instability, muscle rigidity, and hyperpyrexia. 3. Warn patient to avoid hazardous activities that requires alertness. 4. Instruct patient to report involuntary muscle movements and discomfort at IV site immediately.
Calcium Gluconate	Calcium salts	Calcium supplements		Y N		Tingling sensation Hypercalcemia Nephrolithiasis Hypercalciuria Flushing Vasodilation Constipation Arrhythmia Syncope	<ol style="list-style-type: none"> 1. Contraindicated in patients with bone metastases and in those with ventricular fibrillation, renal calculi, hypercalcemia, and hypophosphatemia. 2. Monitor calcium levels frequently. Hypercalcemia may result to chronic renal failure. 3. Tell patient to report anorexia, nausea, vomiting, constipation, abdominal pain, dry mouth, thirst, or polyuria. 4. Tell patient to avoid rhubarb, spinach, bran and whole-grain cereals or dairy products in the meal before taking calcium as these foods may interfere with calcium absorption.

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	Isotonic/ Hypotonic/ Hypertonic			

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Phytonadione	Vitamin K	Prevent bleeding		Y N		Anaphylaxis Flushing Hematoma at injection site Pain at injection site	<ol style="list-style-type: none"> 1. Instruct mother to report serious allergic reactions such as rash, hives, red, swollen, blistered or peeling skin. 2. Monitor baby for fever after administration as it can be from serious allergic reaction. 3. Monitor the baby for blue or gray color of the skin, lips, nail beds, fingers or toes.

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						Hyperbilirubine mia Hemolytic Anemia	4. Monitor the baby for diaphoresis, decreased movements or feeling tired or weak, shortness of breath.
Erythromycin Ophthalmic Ointment	Macrolides	Antibiotic		Y N		Ocular irritation Erythema Hypersensitivity reaction Pruritus	1. Monitor patient for S/S of sensitivity (itching lids, redness, swelling, or constant burning of eyes or skin). 2. Monitor patient for diarrhea. 3. Avoid topical use near eyes, nose, mouth, or other mucous membranes. 4. Monitor patient for prolonged use as it can result to fungal or bacterial superinfection, including pseudomembranous colitis and CDAD.
Engerix B	Inactivated Vaccine	Vaccine, Recombinant		Y N		Flushing Pain at injection site Hypotension Diaphoresis Chills Cough Pharyngitis Angioedema	1. Watch out for S/S of allergic reaction such as rash, hives, tightness in the chest or throat, trouble breathing, swelling of the mouth, face, lips, tongue, or throat. 2. Monitor patient for high fever. 3. Monitor patient for fussiness, runny nose, diarrhea. 4. Monitor injection site for pain, redness, or swelling.
Hepatitis B Immune Globulin	Blood Product Derivative	Immune Globulin		Y N		Erythema Hypotension Ecchymoses Malaise Joint stiffness Increased liver enzymes	1. Monitor patient for headache, muscle pain, feeling tired or weak or pain or redness at the injection site. 2. Monitor patient for blood clots as this drug is associated with chances of getting blood clots. 3. Monitor patient for shortness of breath, fast heartbeat or coughing up blood. 4. Monitor patient for changes in color of an arm or leg, weakness at one side of the body, swelling of the arms or legs.

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