

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	posterior pituitary hormone	induction of labor ; control of postpartum bleeding		Y N		seizures, hypotension, painful contractions, ↓ uterine blood flow	1. monitor for seizures/↓ consciousness 2. monitor for S/S of fetal distress (↓ FHR, ↓/absent fetal movement) 3. assess for S/S of F&E imbalances (HA, confusion, irritability, ↓ consciousness) 4. assess BP periodically & compare to normal values
Magnesium Sulfate	replacement therapy	prevention/control of seizures in pre-eclampsia & eclampsia		Y N		magnesium intoxication, CNS depression, hypocalcemia	1. contraindicated in pts w/heart block or myocardial damage 2. monitor pt for S/S of CNS depression 3. pt can breastfeed w/this med 4. monitor deep tendon reflexes
Meperidine	opioid analgesics	relieve moderate to severe pain		Y N		N/V, weakness, difficulty breathing, severe muscle stiffness	1. monitor for S/S of resp depression 2. don't give w/other CNS depressants (↑ risk of resp depression) 3. use laxatives/stool softeners to prevent constipation 4. don't take if MAOI has been taken in the past 14 days
Promethazine	antiemetic	treatment/prevention of N/V		Y N		NMS, confusion, sedation, fatigue, bradycardia, extrapyramidal rxns, HTN, dry mouth	1. monitor for S/S of NMS/extrapyramidal rxns 2. assess BP & compare to normal values 3. have pt report any dizziness/weakness & teach pt to use call light for help getting up 4. infuse slowly to prevent tissue necrosis at IV site
Calcium Gluconate	mineral & electrolyte replacement	treatment of calcium deficiency		Y N		syncope, bradycardia, paresthesias, extravasation	1. monitor serum calcium q1-4h for S/S of hypercalcemia 2. assess IV site periodically for extravasation 3. infuse slowly to prevent bradycardia, syncope, hypotension, cardiac arrest 4. don't give w/digoxin (↑ risk of digoxin toxicity)

Student Name: _____

Unit: _____

Pt. Initials: _____

Date: _____

Newborn 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.)
Phytonadione (Vitamin K)	anti-coagulant for newborns	form clots/stop bleeding		Y N		dyspnea, cyanosis, flushing, hypotension, anaphylaxis (too rapid IV infusion)	<ol style="list-style-type: none"> infuse slowly & monitor inj. site educate mother on importance of vit. K inj. assess kidney function prior to admin don't give w/cephalosporins (↓ absorption of vit. K)
Erythromycin Ophthalmic Ointment	anti-infective	treatment of bacterial inf.		Y N		N/V, allergic rxn, ototoxicity	<ol style="list-style-type: none"> don't touch tip of bottle to eye to avoid contamination avoid using w/benzyl alcohol may irritate eyes (monitor for redness) wash hands prior to application
Engerix B	inactivated viral vaccine	prevent Hepatitis B		Y N		hives, difficulty breathing, dizziness, pain at inj. site, N/D	<ol style="list-style-type: none"> monitor for apnea in premature pts defer inj to infants <2000g if mom is Hep. B negative monitor for syncope/tonic-clonic movements administer IM in vastus lateralis
Hepatitis B Immune Globulin	immune globulin	prevent Hepatitis B		Y N		N/V/D, tremors, agitation, pain/redness/bruising at inj. site	<ol style="list-style-type: none"> monitor for s/s of anaphylactic rxn admin w/in 12 hrs of birth if mom is Hep. B positive admin IM in vastus lateralis monitor for s/s of hypoglycemia
				Y N			<ol style="list-style-type: none">