

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

Allergies: NKA

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	Hormone Oxytocic, Uterine-active agent	Stimulation, induction of labor, missed or incomplete abortion; postpartum bleeding	0.5 - 2 mU/min IV, increase by 1 to 2 mU every 15 to 60 minutes until contractions occur, then decrease dose	<input checked="" type="radio"/> Y N	Dilute 1 mL (10 units) in 1000 ml of IV Isotonic solution. Hang as a secondary through its own pump and follow hospital protocol on oxytocin administration.	Seizures, tetanic contractions, abruptio placentae, decreased uterine blood flow Fetus: intracranial hemorrhage	1. Assess FHT's, fetal distress; watch for acceleration, deceleration; fetal presentation, pelvic dimensions. 2. Assess water intoxication, confusion, anuria, drowsiness, monitor I&O's. 3. Teach patient to report abdominal cramps, blurred vision, itching or swelling. 4. Teach that contractions will be similar to menstrual cramps gradually increasing in intensity.
Magnesium Sulfate	Anticonvulsant	Prevention and control of seizures in severe preeclampsia, prevention of uterine contractions in preterm labor, and neuroprotection of preterm fetus.	The IV loading dose is 4 to 6 g of magnesium sulfate administered over 15 to 20 minutes. The continuing infusion to maintain control is 1 to 2 g/hr.	<input checked="" type="radio"/> Y N	Comes in premixed 40 gram/100 mL solution hung as a secondary through its own pump as a continuous IV infusion at less than 125 mg/kg/hr.	Flaccid paralysis, Circulatory collapse Contraindicated in patients with myocardial damage or impaired renal function	1. Monitor blood pressure closely during administration. 2. Assess the woman for respiratory rate above 12 breaths per minute, presence of DTRs, and urinary output greater than 30 mL/hr before administering magnesium 3. Place resuscitation equipment (suction and oxygen) in the room. Ensure calcium gluconate, which acts as an antidote to magnesium, is readily available 4. Educate patient about the need for magnesium and its expected effects.
Meperidine	Opioid analgesic	Used to treat moderate to	50 mg to 100 mg SQ/IM when	<input checked="" type="radio"/> Y		Increased intracranial	1. Assess pain, vital signs 2. Monitor BUN, serum creatinine

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Unit: OB SIM

Pt. Initials: JD

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		severe pain	contractions regularly spaced, every 1-to-3-hours PRN	N		pressure, seizures, respiratory depression, anaphylaxis	<ol style="list-style-type: none"> 3. Teach patient to report any CNS changes (dizziness, drowsiness, hallucinations, LOC). 4. Teach patient to make position changes slowly; orthostatic hypotension may occur.
Promethazine	Antihistamine, antiemetic	Used to treat nausea	12.5 mg to 25 mg IM/IV every 4 to 6 hours PRN	<input checked="" type="radio"/> Y <input type="radio"/> N	May be further diluted with 10 mL of Normal Saline over 1 minutes	Neuroleptic malignant syndrome, tissue necrosis	<ol style="list-style-type: none"> 1. Assess for s/s of neuroleptic malignant syndrome (fever, confusion, diaphoresis, rigid muscles). 2. Educate patient to report confusion or sedation. 3. Educate patient that may cause dry mouth and may need small sips of water. 4. Monitor for respiratory depression.
Calcium Gluconate	Electrolyte replacement	Prevention and treatment of hypermagnesemia	1 gram IV over 3 minutes as necessary per patient needs.	<input checked="" type="radio"/> Y <input type="radio"/> N		Dysrhythmias; cardiac arrest, necrosis, extravasation	<ol style="list-style-type: none"> 1. ECG for decreased QT and T wave inversion 2. Evaluate therapeutic response 3. Assess cardiac status: rate, rhythm, CVP 4. Monitor calcium levels via labs

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Phytonadione	Vitamin K1 fat-soluble	Prevention of hemorrhagic disease of the newborn.	0.5 mg to 1 mg IM within 1 hour after birth	Y N		Erythema, pain, and edema at injection site; anaphylaxis; hemolysis; or hyperbilirubinemia, especially in a preterm infant or when a large dose is used.	<ol style="list-style-type: none"> 2. Protect the drug from light until just before administration to prevent decomposition and loss of potency. 2. Assess increased bleeding risk. 3. Evaluate therapeutic response. 4. Check that the infant has had vitamin K before a circumcision is performed.
Erythromycin Ophthalmic Ointment	Antibiotic	Helps prevent ophthalmia neonatorum in infants of mothers infected with gonorrhea	A "ribbon" of 0.5% erythromycin ointment, 1 cm (0.4 inch) long, is applied to the lower conjunctival sac of each eye within 1 to 2 hours after birth	Y N		Burning, itching; irritation may result in chemical conjunctivitis lasting 24 to 48 hours; ointment may cause temporary blurred vision.	<ol style="list-style-type: none"> 1. Do not rinse. 2. Ointment may be wiped from the outer eye after 1 minute. 3. Observe for irritation. 4.
Engerix B	Vaccine	Immunization against hepatitis B infection	10 mcg IM once on a 0, 1, and 6 month schedule	Y N		Pain or redness at site.	<ol style="list-style-type: none"> 1. If the solution is in a vial, shake well before preparing 2. Give vaccine within 12 hours of birth to infants of infected mothers 3. Do not inject intravenously or intradermally. 4. Obtain parental consent before administering
Hepatitis B	Immune	Provides	0.5 mL within 12	Y		Pain and	<ol style="list-style-type: none"> 1. Do not shake or give intravenously.

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Immune Globulin	globulin	antibodies and passive immunity to hepatitis B.	hours of birth if possible but no later than 1 week of age; given intramuscularly in the anterolateral thigh; should not be given intravenously.	<input checked="" type="radio"/> N		tenderness at the site, urticaria, anaphylaxis.	2. Hepatitis vaccine series should begin within 12 hours of birth 3. Give injections of vaccine and immune globulin at separate sites. 4. Obtain parental consent before administering.
				Y N			1. 2. 3. 4.