

**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 Agent	Induce contractions		Y N		Fetal distress, hyper/hypotonic uterus	<ol style="list-style-type: none"> <li>1. Contraindicated with prolapsed cord, fetal distress, unfavorable fetal positioning, and hypersensitivity to the medication.</li> <li>2. Weigh risk vs benefit for high risk pregnancy</li> <li>3. Electronic monitoring of the fetus is required in order to determine distress</li> <li>4. Massage the fundus</li> </ol>
Magnesium Sulfate	Anticonvulsant	Severe preeclampsia		Y N		Respiratory depression, absent DTRs, decreased urine output	<ol style="list-style-type: none"> <li>1. CNS depressant, which can be fatal, if not administered properly</li> <li>2. In the indication of toxicity, STOP the magnesium and call the HCP</li> <li>3. Calcium gluconate is administered as the antidote</li> <li>4. resuscitation equipment needed at bedside</li> </ol>
Meperidine	Opiate Agonist	Pain relief		Y N		Respiratory depression, serotonin syndrome, increased ICP, hypotension	<ol style="list-style-type: none"> <li>1. BBW: do not use with Benzos or other CNS depressants, and Risk Evaluation and Mitigation Strategy(REMS) is indicated</li> <li>2. CALL DON'T FALL</li> <li>3. teach the s/s of CNS depression and what to report</li> <li>4. Contraindicated with the use of MAOIs</li> </ol>

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

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

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

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

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

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

Promethazine	Antihistamine	N/V, pain, sedation		Y N		Seizures, respiratory depression, confusion, dizziness	<ol style="list-style-type: none"> <li>1. BBW: preferred route in deep IM</li> <li>2. report any changes after medication administration: dizziness, confusion, vision changes</li> <li>3. CALL DON'T FALL</li> <li>4. Monitor VS</li> </ol>
Calcium Gluconate	Mineral and electrolyte	Magnesium Sulfate antidote		Y N		Monitor calcium levels, call HCP before administering due to cardiac effects, hypotension	<ol style="list-style-type: none"> <li>1. Monitor HR &amp; BP!!!</li> <li>2. Administered correctly to prevent necrosis at the site</li> <li>3. Monitor labs for hypercalcemia</li> <li>4. can cause renal impairment</li> </ol>

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Phytonadione	Hemostatic Vitamin	Coagulation disorders		Y N		Light sensitivity, site reactions, dyspnea	1. BBW: hypersensitivity with IV/ IM administration 2. report any reaction to the administration area after given 3. report any SOB 4. do not counteract with heparin
Erythromycin Ophthalmic Ointment	Antibacteria	Eye infection		Y N		Ocular reactions, redness	1. Not indicated for long-term use due to MDROs production 2. report hypersensitivity 3. report vision changes with the administration 4. obtain consent
Engerix B	Viral Vaccine	Hep B		Y N		Hives, SOB, edema in the face, fever, skin rash	1. contraindicated if allergic to yeast 2. not effective if already infected with Hep B 3. report any side effects 4. do not get booster if a reaction occurs with initial dose
Hepatitis B Immune Globulin	Immune Globulin	Hep B		Y N		Site reactions, HA, N/V, flu-like symptoms, fainting	1. precaution if pt has a bleeding disorder 2. can falsify blood glucose testing 3. contraindicated in the immunosuppressed 4. CALL DON'T FALL