

Mom & Baby Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Nursing Management
<p>Methylergonovine Maleate Toclytic</p>	<p>Directly stimulate uterine and vascular smooth muscle, causing a sustained contraction - compresses blood vessels @ placental site to stop PPH</p>	<p>N/V • Cramping • Severe HTN • HA • Dysrhythmias and myocardial infarction</p>	<p>Monitor → contractions • V/S • BP • vaginal bleeding • pain • SDB • uterine contractions</p> <p>Teach pt: - increased cramping - painful cramping</p>
<p>Prenatal Vitamin</p>	<p>Provides essential nutrients - Folic acid - prevents neural tube defects like spina bifida - Iron - Calcium/VitD - Fetal bone mineralization and protect maternal bone</p>	<p>N/V Constipation Dark Tarry stools from Fe and metallic taste in mouth</p>	<p>Suggest taking vitamin at bedtime or with small snack to minimize nausea - Advise to take with Vit C (OJ) to ↑ Fe absorption - stress importance of taking the vitamin daily throughout pg and often into postpartum/bractfeeding</p> <p>Monitor mom BP and RR daily - notify provider if ↑ Assess pain scale before admin and 30-60 min after administration Resist with ambulation *Naloxone readily available for mom and baby</p>
<p>Hydromorphone Dilaudid</p>	<p>alters perception of pain; 5-7 times stronger than morphine</p>	<p>Sedation, dizziness, respiratory depression hypotension, N/V, constipation urinary retention - can slow down labor process if given too early</p>	<p>Assess pain scale monitor surgical sites and lochia closely for signs of increased bleeding very strong anti-inflammatory; targets inflammation on site of incision or cramping to help sleep post op teach: usually takes 1-3 days to work to help prevent "first bowel movement" strain *Do not give if patient has severe abdominal pain.</p>
<p>Ketorolac (Toradol)</p>	<p>Potent analgesic and inflammation reducer (used post partum)</p>	<p>GI upset and bleeding increased risk for postpartum hemorrhage</p>	<p>Assess pain scale monitor surgical sites and lochia closely for signs of increased bleeding very strong anti-inflammatory; targets inflammation on site of incision or cramping to help sleep post op teach: usually takes 1-3 days to work to help prevent "first bowel movement" strain *Do not give if patient has severe abdominal pain.</p>
<p>Colace Docusate Sodium</p>	<p>allows water and fats to penetrate stool making it softer and easier to pass</p>	<p>Mild abdominal cramping, diarrhea, bloating</p>	<p>Assess pain scale monitor surgical sites and lochia closely for signs of increased bleeding very strong anti-inflammatory; targets inflammation on site of incision or cramping to help sleep post op teach: usually takes 1-3 days to work to help prevent "first bowel movement" strain *Do not give if patient has severe abdominal pain.</p>

<p>Hydralazine Apresoline</p>	<p>Antihypertensive Relaxes smooth muscles of the peripheral arterial blood vessels causing vasodilation and lowers BP</p>	<p>(Commonly side effects) palpitations, tachycardia, flushing, Nausea / Vomiting Sudden drop in BP can lead to orthostatic hypotension</p>	<p>monitor BP frequently IV admin - check BP every 2-5 min initially then every 15-30 min keep patient in L lateral side lying position for maximum placental blood flow Assess for HA Fall precautions as can cause dizziness</p>
<p>Labetolol (Trandate)</p>	<p>Lowers BP without causing significant reflex tachycardia as with hydralazine</p>	<p>Bradycardia dizziness fatigue Nausea unique "scalp tingling" sensation</p>	<p>hold if HR is < 60 bpm Do not give to pts with hx of asthma or COPD - can cause airway constriction Monitor BP every 2-5 min for IV bolus doses ensure pt stays in bed after IV bolus doses due to high risk of orthostatic hypotension</p>
<p>PPH - post partum Hemorrhage</p>			