

Pt. Name	Vital signs: BP: / P: R:		Labs:			
Diagnosis:		Medical Problems:				
Other medications patient is taking:					Allergies:	
Drug, dose and route required during my shift	Action-What does drug do?	Indications-Why is	Side Effects	Contraindications	Nursing Considerations	SAFE Dose
ampicillin	Anti-infective - bacteriacidal, high risk cesarean section		SEIZURES (HIGH DOES), PSEUDOMEMBRANOUS COLITIS, ANAPHYLAXIS AND SERUM SICKNESS, <u>diarrhea, rashes</u>		Given around clock on empty stomach at least 1 hr before or 2 hr after meals w/full glass of water. Can cause rash, diarrhea and sensitization in breastfeeding infant	250-500 mg q 6 hr PO
Ancef cefazolin	Anti-infective bacteriacidal		SEIZURES (HIGH DOES), PSEUDOMEMBRANOUS COLITIS, ANAPHYLAXIS AND SERUM SICKNESS, <u>diarrhea, rashesnausea, vomiting, pain at IM site, phlebitis at IV site</u>	concurrent use of loop diuretics or aminoglycosides may up risk of renal toxicity.	Renal impairment - decrease dose by 1/2. observe for signs & symptoms of anaphylaxis (rash, pruritus, laryngeal edema, wheezing). Discontinue drug and notify physician. Epinephrine and resuscitation equipment close by in case of anaphylactic reaction	250-500 mg q 6-8 hrs PO
Benadryl	antihistamine		drowsiness, anorexia, dry mouth		precautions lactation: discontinue drug or bottlefeeding. Neonatal withdrawal causes tremulousness	25-50 mg q 4-6 hrs, not to exceed 300 mg/day
Hemabate carboprost tromethamine	Oxytocic/Abortifacient, causes contractions that help to stop the bleeding or abortion of fetus at 13-20 weeks		headache, nausea, vomiting, fever, leg cramps, eye pain, rash, blurred vision, cardiac dysrhythmia, flusing, diarrhea, possible uerine rupture	Contraindicated in pts with uterine surgery Asthma	small frequent meals, mouth care, sucking hard sugar-free candy or chewing sugar-free gum may help. Monitor vaginal bleeding & uterine tone. Use cautiously in women w/ cardiovascular disease or asthma	IM 250 (0.25mg)mcg w/ does Q 15-90 minutes for managing postpartum bleeding up to a cumulative 2 mg or 1.5 - 3.5 hrs for termination, up to 8 doses.
Darvocet N prooxyphene napsylate/acetaminophen	Opioid analgesic. Mild - mod pain		<u>dizziness, weakness, nausea</u>	use with extremem caution in patients receiving MAOI - may result in unpredictable, severe, and potentially fatal reactions - decrease intital dose to 25% of usual dose. Acetaminophen or aspirin - Renal damage. Respiratory Depression	assess level of sedation, BP, Pulse, R. R < 10/min!! Bowel function. Good oral hygiene, mouth rinses to decrease dry mouth. Narcan is antidote. May administer with food or milk to minimize GI irritation	100 mg q 4 hrs prn not to exceed 600 mg/day PO

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Demerol meperidine	Opioid analgesics/decrease in mild to moderate pain by binding to opiate receptors in the CNS. Analgesic during labor.		confusion, seedation, hypotension, decrease bladder and bowel - constipation, decrease gastric emptying, increase nausea, vomiting	Labor (respiratory depression may occur in the newborn)Do not use in patients receiving MAO inhibitors or procarbazine (may cause fatal reaction--contraindicated within 14-21 days of MAO inhibitor therapy) Risk of toxicity increases with doses >600 mg/24 hr, chronic administration (>2 days), and renal impairment.	Assess: BP Pulse, R. If R is < 10/min, assess level of sedation. Assess Bowel function. Monitor patients on chronic or high-dose therapy for CNS stimulation (restlessness, irritability, seizures) due to accumulation of normeperidine metabolite. If an opioid antagonist is required to reverse respiratory depression or coma, naloxone (Narcan) is the antidote.	50-100 mg IM or SQ may repeat q 1 -3 hr.
Dermoplast spray benzocaine BEDSIDE MED	topical anesthetic/numbs & relieves pain due to stretching or tearing of perineum without touching senesitive skin					spray 6 -12 inches away not more than 3-4 days
Duramorph morphine	Opioid analgesic post operative.		RESPIRATORY DEPRESSION, confusion, sedation, hypotension, constipation, Itching	Respiratory depression / narcan	assess pain prior to and 1 hr following, Assess LOC VS Resp Rate < 10 assess level of sedation. Assess bowel function. Narcan is resp depress antidote. Orthostatic hypotension-change positions slowly. Crosses placenta and breast milk - may cause resp depression in new born. NOTES: alveoli with duramorph will collapse, so patient needs to use IS and BDTC. Duramorph Protocol: monitor for s/s resp depr. q1-2 hrs for 24 hrs.	: IV, IM > 50kg 4-10mg q3-4 hr.

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Feosol (100%) or Ferrosequel (Iron w/stool softener sustained release – oral) or Ferrous Sulfate FeSO ₄ 7H ₂ O = 20% Iron, (30%) Carbonyl iron	Iron supplement Purpose: iron deficiency in pregnancy		constipation, black/red tarry stools,		GI, masking hemodilution imbalance w/ zinc, so zinc needs to be prescribed. DRINK LIQUID IRON WITH STRAW to avoid staining teeth.	Each 300 mg tab FS = 60 mg iron. 1 Tablet for supplement 2 Tab (120mg iron) for therapeutic dose. 1 – 300 mg tab is 20% iron or 60 mg iron.
Gentamycin	Anti-infective bactericidal. Gram neg bacteria		Ataxia, ototoxicity nephrotoxicity	Ototoxicity, nephrotoxicity	Monitor blood levels periodically during therapy. Timing of blood levels is important in interpreting results. Draw blood for peak levels 1 hr after IM injection and 30 min after a 30-min IV infusion is completed. Draw trough levels just before next dose. Peak level for gentamicin and tobramycin should not exceed 10 mcg/ml; trough level should not exceed 2 mcg/ml. Assess vital signs, eighth cranial nerve, hearing loss, Monitor renal BUN, creatinine, specific gravity OB: Tobramycin and streptomycin may cause congenital deafness Lactation: Safety not established Advise patient to drink plenty of liquids	1-2 mg/kg q 8 hr
Heparin	anticoagulant, antithrombotic/ Prophylaxis and treatment of various thromboembolic disorders.		BLEEDING, anemia, thrombocytopenia (can occur up to several weeks after discontinuation of therapy)		Have second practitioner independently check original order, dose calculation and infusion pump settings. Nursing Considerations/Labs: Heparin does not cross the placenta or enter breast milk. OB: May be used during pregnancy, but use with caution during the last trimester and in the immediate postpartum period Risk of bleeding may be ↑ by concurrent use of drugs that affect platelet function Assess for signs of bleeding and hemorrhage (bleeding gums; nosebleed; unusual bruising; black, tarry stools; hematuria; fall in hematocrit or blood pressure; guaiac-positive stools). Notify physician if these occur. Monitor activated partial thromboplastin time (aPTT) and hematocrit prior to and periodically throughout therapy. Monitor platelet count every 2-3 days throughout therapy Do not aspirate or massage. NO ASPRIN	Prophylaxis of Thromboembolism 5000 units IV, followed by initial subcut dose of 10,000-20,000 units, then 8000-10,000 units q 8 hr or 15,000-20,000 units q 12 hr. Arterial Line Patency 05-1 units/ml (final solution concentration) to maintain line patency.

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Lanolin Cream BEDSIDE MED	/ moist wound healing of sore nipples				applied after feeding. made from wool – ask if allergic 1st.	
Magnesium Sulfate	tocolytic (stops contractions) Indications/Actions Prevent seizures by neuromuscular blockade. NOT to treat hypertension.... may potentiate drugs used with general anesthesia ECLAMPSIA		Maternal flushing, discomfort at IV site, nausea, weakness		Toxicity 6-8 Uterine atony > 10 DTR's disappear > 15 Respiratory arrest, fetal BLV decreased, Cardiac arrest Metabolism/Excretion: 100% through kidney. Strict I & O. Caution: Urine output < 30 mL per hour, Elevated creatinine, BUN. labs: Normal 1.5 - 3.5. Therapeutic 5.0 - 8.0. Antidote: Ca Gluconate 10% solution in 10-20 mL IV pushes over three minutes. Fetal/Neonatal Effects Decreased variability, diminished acceleration; hypotonia, plethoric, lethargy.	4 grams IV over 5-30 minutes. Maintenance dose 1 to 2 grams per hour. 50% MgSO4 in a 20 mL vial = 1 gram/2 mL.
Methergine	Oxytocic/Ergot alkaloids / uterine contraction by stimulating smooth muscles, prevention of postpartum bleeding. F		HYPOTENSION, nausea, vomiting, cramps, hypertension, headache		assess BP (don't give if > 140/90), HR, uterine response, assess for signs of ergotism (cold, numb fingers and toes, chest pain, nausea, vomiting, headache, muscle pain, weakness) Monitor vaginal bleeding & uterine tone. contraindicated in presence of hypertension or cardiovascular disease. OR UTERINE ATONY (BOGGY) NOT RESPONDING TO MASSAGE OF FUNDUS or responding to oxytocin.	200-400 mcg (0.2 MG) IV for emergency. 0.2 mg IM q 2-4hr up to 5 doses
Milk of Magnesia magnesium hydroxide	Laxative/antacid, mineral & elec. replacement/supplement.		diarrhea		assess for abdominal distention/bowel sounds/stool color, consistency and amount for laxative. Assess heartburn indigestion for gastric pain. As antacid administer 1-3 hrs after meals, to prevent tablets from entering small intestine undissolved chew thoroughly before swallowing followed by ½ glass water. As laxative use full glass of water. Not to take this med within 2 hr of other meds esp fluoroquinolones (CIPRO)	30-60 ml - laxative/antacid.

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Morphine	opioid analgesic/decrease in severity of pain		RESPIRATORY DEPRESSION. constipation, hypotension confusion, sedation	Use with extreme caution in patients receiving MAO inhibitors within 14 days prior (may result in unpredictable, severe reactions--↓ initial dose of morphine to 25% of usual dose).	OB: Pregnancy or lactation (avoid chronic use; has been used during labor but may cause respiratory depression in the newborn) . Assess type, location, and intensity of pain prior to and 1 hr following PO, subcut, IM, and 20 min (peak) following IV administration. Assess bowel function routinely. Institute prevention of constipation with increased intake of fluids and bulk and with laxatives to minimize constipating effects. Administer stimulant laxatives routinely if opioid use exceeds 2-3 days, unless contraindicated. May cause drowsiness or dizziness	30 mg q 3-4 hr initially Toxic: Assess level of consciousness, blood pressure, pulse, and respirations before and periodically during administration. If respiratory rate is <10/min, assess level of sedation. Physical stimulation may be sufficient to prevent significant hypoventilation.
Mylicon	antiflatulent/passage of gas through the GI tract by belching or passing flatus.		none		immediate onset. Assess for abdominal pain, distention and bowel sounds prior to and periodically throughout course of therapy	40-125 mg QID after meals and bedtime
Nupercainal Ointment dibucaine BEDSIDE MED	Topical anesthetic used for hemorrhoids		sensitization to medication, itching, redness, edema		monitor for inflammation and infection - You should not use this medication if you are allergic to dibucaine. Dibucaine ointment may be used on the rectum after each bowel movement or up to 4 times per day to treat hemorrhoid pain and itching. Wash your hands after applying dibucaine topical. - It is best to use no more than 1 tube of dibucaine per day (24 hours).	

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Percocet Oxycodon /acetaminophen 7.5/325	Opioid analgesic, antitussive,		Respiratory Depression , constipation, confusion, sedation	Use with extreme caution in patients receiving MAO inhibitors (may result in unpredictable, severe, and potentially fatal reactions-- decrease initial dose to 25% of usual dose).	Nursing Implications High Alert: Assess level of consciousness, blood pressure, pulse, and respirations before and periodically during administration. Toxicity and Overdose: If respiratory rate is <10/min, assess level of sedation. Physical stimulation may be sufficient to prevent significant hypoventilation. Subsequent doses may need to be decreased by 25-50%. Implementation High Alert: Accidental over dosage of opioid analgesics has resulted in fatalities. Before administering, clarify all ambiguous orders; have second practitioner independently check original order, dose calculations, and infusion pump settings. OB/Lactation: Pregnancy or lactation – avoid chronic use. FOR AFTER PAINS of CONTRACTIONS. CAN USE WITH NSAIDS (MOTRIN) for perineal pain BUT NO TYLENOL.	PO 5-10 mg q 3-4 hr
Percodan Oxycodone – has no acetaminophen	Opioid analgesic, antitussive,		Respiratory Depression , constipation, confusion, sedation	Use with extreme caution in patients receiving MAO inhibitors (may result in unpredictable, severe, and potentially fatal reactions-- decrease initial dose to 25% of usual dose).	Nursing Implications High Alert: Assess level of consciousness, blood pressure, pulse, and respirations before and periodically during administration. Toxicity and Overdose: If respiratory rate is <10/min, assess level of sedation. Physical stimulation may be sufficient to prevent significant hypoventilation. Subsequent doses may need to be decreased by 25-50%. Implementation High Alert: Accidental over dosage of opioid analgesics has resulted in fatalities. Before administering, clarify all ambiguous orders; have second practitioner independently check original order, dose calculations, and infusion pump settings. OB/Lactation: Pregnancy or lactation – avoid chronic use. FOR AFTER PAINS of CONTRACTIONS. CAN USE WITH NSAIDS (MOTRIN) for perineal pain BUT NO TYLENOL.	

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Senna - Sennosides	laxative/stimulative laxative action		cramping, diarrhea		may decrease absorption of other orally administered drugs because of decreased transit time. Take w/full glass of water at bedtime for evacuation 6-12 hours later. On empty stomach for more rapid results. Shake oral solution well before administering. Assess bowel sounds, stool color, consistency and amount. Abdominal distention.	onset 6-12 hr. PO 12-50 mg 1-2 times daily.
Phenergan	Antihistamine Antimetic – Phenothiazine – Dopamine blockage. (in article) Antiemetics, antihistamine, sedative/hypnotic Treats nausea		Post-op patients with this were still suffering from nausea and vomiting NEUROLEPTIC MALIGNANT SYNDROME, confusion, disorientation, sedation		Lactation – may cause drowsiness in infant adjunct to opioids, doesn't relieve pain but decreases anxiety, apprehension and potentiates opioids	6.25 – 12.5 mg 3 times/day and 25 mg at bedtime
Pitocin oxytocin Preg Cat X (intranasal), UK (IV, IM) a synthetic form of oxytocin	hormones/induction of labor at term. Postpartum control of bleeding after expulsion of the placenta. Intranasal-used to promote milk letdown in lactating women.		allergies, Dysrhythmia, changed in BP, uterine rupture, water intoxication, hypertonicity of uterine. nausea, vomiting. COMA, SEIZURES, INTRACRANIAL HEMORRHAGE, ASPHYXIA, increased uterine motility, painful contractions		monitor bleeding, uterine tone, maternal electrolytes, BP (q 15 min), P and fetal heart rate. weight, I/O, lung sounds, monitor contractions, resting tone. Should not be used in a client who cannot deliver vaginally.	Induction-0.5-2 milliunits/min increased 1-2per min. Postpartum hemorrhage IV IM 10-40 units diluted in LR or saline solution IV., Intranasal milk letdown-1 spray in 1 or both nostrils 2-3 min before breastfeeding or pumping.

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Reglan metoclopramide Preg clas B	Antiemetic gastroprokinetic/ Antiemetic - Prokinetic GI agent In addition, it is given to prevent nausea and vomiting caused by cancer chemotherapy and surgery.		NEUROLEPTIC MALIGNANT SYNDROME CNS: drowsiness, extrapyramidal reactions, restlessness,		Monitor for neuroleptic malignant syndrome (hyperthermia, muscle rigidity, altered consciousness, irregular pulse or blood pressure, tachycardia, and diaphoresis.	10 mg
Rhogam Rho (D) immune globulin	suppression of immune response in nonsensitized women w/Rh- blood who receive Rh+ blood cells because of fetomaternal hemorrhage, transfusion or accident.		Myalgia, lethargy, localized tenderness and stiffness at injection site, mild and transient fever, malaise, headache, rarely nausea, vomiting, hypotension, tachycardia, possible allergic responses.	Indications: Routine antepartum prevention at 20- 30 weeks gestation in women with Rh- blood; suppress antibody formation after birth, miscarriage or pregnancy termination, abdominal trauma, ectopic pregnancy, amniocentesis, version, or chorionic villi sampling. So next pregnancy won't be affected.	irritation at site, store in refrigerator, give in large muscle for deep IM injections. give standard dose at 28 weeks, or after exposure, and within 72 hrs after birth if bby is Rh+, verify women is Rh-, has not been sensitized, Coomb's test is negative, and baby is Rh+. Explain procedure purpose, side effects and effect on future pregnancies. consent form. Observe patient for 20 minutes for allergic response. Made from human plasma – Cultural consideration – Jehovah's witness.	Standard dose 1 vial (300 mcg) intramuscularly IM in deltoid or gluteal muscle; microdose 1 vial (50mcg) IM in deltoid muscle. GIVEN within 72 HS (Discharge)

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Rubella Vaccine	to prevent rubella in future pregnancies.		transient arthralgia, rash is common but benign		<p>explain the risks of becoming pregnant within 28 days following injection. Does not affect breast milk. Virus is shed in urine and other body fluids so shouldn't be given if mother or other household members are immunocompromised. Made from eggs – allergies. (adrenaline-for reaction). Informed consent in postpartum period with information about risk of teratogenic effects – avoiding pregnancy for 1 month (3months??) after being vaccinated.</p> <p>Use a Titer. Congenital defects can develop in the fetus if mother doesn't have vaccine. < 1:8</p>	
Tucks witch hazel 50% BEDSIDE MED	Topical anesthetic used for hemorrhoids		sensitization to medication, itching, redness, edema		<p>As hemorrhoidal treatment for adults. • when practical clean the affected area with mild soap and warm water and rinse thoroughly • gently dry by patting or blotting with toilet tissue or soft cloth before applying • gently apply to the affected area by patting and then discard • can be used up to six times daily or after each bowel movement •FOR PERINAL AREA</p>	
Tylenol #2, #3, #4 #2(300/15/15 mg), #3(300/30/30 mg), #4 (300/60/0 mg) Acetaminophen, codeine, caffeine			Confusion, dizziness, sedation, dysphoria, hallucinations, headache, unusual dreams, orthostatic hypotension, urinary retention	<p>Toxicity and Overdose: 4G/Day Limit</p> <p>Nursing Considerations/Labs DO NOT GIVE WITH VICODIN OR PERCOCET DUE TO ACETAMINOPHEN</p>	<p>DO NOT GIVE WITH VICODIN OR PERCOCET DUE TO ACETAMINOPHEN.</p> <ul style="list-style-type: none"> • Assess pain. Titration of dose starting at 25%-50%. • Use equianalgesic chart. <p>Assess LOC, BP, pulse, respiration before & during administration. Use Tylenol for Perineal Pain, after pain</p>	Acetaminophen 4G/Day Limit

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Vicodin hydrocodone/acetaminophen 2.5/500	Opioid analgesic, antitussive,		confusion, sedation, Respiratory Depression , constipation	Use with extreme caution in patients receiving MAO inhibitors (may result in unpredictable, severe, and potentially fatal reactions--decrease initial dose to 25% of usual dose).	Nursing Implications High Alert: Assess level of consciousness, blood pressure, pulse, and respirations before and periodically during administration. Toxicity and Overdose: If respiratory rate is <10/min, assess level of sedation. Physical stimulation may be sufficient to prevent significant hypoventilation. Subsequent doses may need to be decreased by 25-50%. Implementation High Alert: Accidental over dosage of opioid analgesics has resulted in fatalities. Before administering, clarify all ambiguous orders; have second practitioner independently check original order, dose calculations, and infusion pump settings. OB/Lactation: Pregnancy or lactation – avoid chronic use. FOR AFTER PAINS of CONTRACTIONS. CAN USE WITH NSAIDS (MOTRIN) for perineal pain BUT NO TYLENOL.	PO 2.4 – 10 mg q 3-4
Vistaril hydroxyzine	Antihistamine, anti-anxiety, sedative/hypnotic / Sedation. Relief of anxiety. Decreased nausea and vomiting. Decreased allergic symptoms associated with release of histamine, including pruritus		drowsiness, dry mouth pain at IM site.		Neonatal withdrawal causes irritability and hyperactivity, tremor, jitteriness, shrill cry, hypotonia and seizures. Assess for profound sedation, delirium in GERI, anxiety, itching.	25-100mg 4x/day not exceed 600mg – Adults Oral, IM, IV
Xylocaine Ointment BEDSIDE MED	anesthetic (topical/local)		SEIZURES, CARDIAC ARREST, ALLERGIC REACTIONS, ANAPHYLAXIS, confusion, drowsiness, stinging		High Alert: Lidocaine is readily absorbed through mucous membranes. Inadvertent overdosage of lidocaine jelly and spray has resulted in patient harm or death from neurologic and/or cardiac toxicity. Do not exceed recommended dosages	

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Narcan naloxone	antidote for opioids/reversal fo signs of opioid excess.				Monitor respiratory rate, rhythm, and depth; pulse, ECG, blood pressure; and level of consciousness frequently for 3-4 hr after the expected peak of blood concentrations. After a moderate overdose of a short half-life opioid, physical stimulation may be enough to prevent significant hypoventilation. The effects of some opioids may last longer than the effects of naloxone, and repeat doses may be necessary.	IV (Adults): 0.02-0.2 mg q 2-3 min until response obtained; repeat q 1-2 hr if needed, 0.01 mg/kg; may repeat q 2-3 min until response obtained. Additional doses may be given q 1-2 hr if needed. Opioid-Induced Respiratory Depression during Chronic (>1 wk) Opioid Use