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| **Drug** | **Indications** | **Adverse Reactions** | **Route** | **Dosage** | **Nursing Implications** |
| Magnesium Sulfate | A central nervous system depressant and relaxes smooth muscle. Treatment of hypertension, anticonvulsant associated with severe eclampsia, pre-eclampsia | Hypotension, muscle weakness blurred vision, headache  nausea flushing, feeling hot, and drowsiness are all expected effects.  Oliguria is a symptom of magnesium toxicity-report output <30ml/hr  Decreased respiratory rate is a symptom of magnesium toxicity-report RR less than 12/min. Other s/s of toxicity are slurred speech, loss of deep tendon reflexes, and cardiac arrest. | IV or IM (however in labor and delivery it will be IV) | Usually 10 g per 250ml NS  4-6 g loading (bolus) over 30 min.  2-4 g maintenance | Monitor BP, respirations, and reflexes q 15 to 30 min. Monitor intake/output. Monitor neurological status due to possible mag-toxicity  The therapeutic range of Magnesium Sulfate is 5-8mg/dl  Calcium Gluconate is given to reverse magnesium toxicity.  Monitor FHR if patient still pregnant. |
| Magnesium Sulfate | Unlabeled use for preterm labor | As above | As above | Same as above | Same as above |
| Calcium Gluconate | Treatment for hypermagnesimia (magnesium toxicity) -too much Mag sulfate administration | Syncope, tingling, bradycardia | IV | Give 10ml of a 10% solution or 1 g can be given by RN or MD over 3 mins | Monitor pulse, BP, respirations, |
| Methergine  (Methylergonovine Maleate) | Prevention and treatment of postpartum and post abortion, hemorrhage. | Dizziness, headache, tinnitus, dyspnea | PO, IV, or IM | 200mcg or 0.2mg po or IV | Monitor pulse BP and uterine response frequently.  DO NOT GIVE IF HYPERTENSIVE |
| Oxytocin  (Pitocin) | Induction of labor Postpartum control of bleeding after expulsion of the placenta | Maternal coma, seizures, hypotension, hypersensitivity, painful contractions. | IV, IM | Induction of labor: (depending on the policy) 1-2 milliunits/min increasing as ordered. Postpartum: 10 units IM or 10 units at a rate of 20-40 milliunits/min | For induction of labor monitor the frequency and duration of contractions, resting tone, and fetal heart rate. Monitor BP, pulse, and respirations.  For IV, use the infusion port closest to patient |
| Terbutaline  (Brethine) | Unlabeled use: Management of preterm labor.  Beta-adrenergic agonist | Nervousness, restlessness, tremors, headaches.  Given cautiously in Diabetics. (causes elevated sugars) | IV,PO, SQ (usually given SQ in L&D) | PO 2.5-5mg  SQ 0.25mg will usually give up to 3 doses given 30 mins apart. | Monitor pulse and BP will cause maternal tachycardia. |
| Misoprostol  (Cytotec) | Unlabeled use for cervical ripening, labor induction, and postpartum hemorrhage | Headache, abdominal pain, nausea and vomiting, miscarriage. | PO, usually intra-vaginally or rectally. | Depending on policy for induction of term pregnancy: 25 mcg  Induction for fetal demise less than 24 weeks 25-100 mcg (depending on policy)  PPH: 1000 mcg rectally | Inform patient diarrhea may occur. If used for induction of labor monitor FHR, contractions, resting tone.  (in cases of fetal distress flush vagina with 10 ml of NS)  Encourage pt to void prior to administration |
| Prostaglandin gels, Cervidil, Prepidil | Stimulates gravid (pregnant) uterus to contract; also stimulates smooth muscle of GI tract. Cervical ripening (softening) in pregnant women at or near term with need for labor induction. | Cramping, abdominal pain, nausea and vomiting | Intra-vaginally | Depending on policy. Cervical gel 0.5 mg (contents of 1 syringe); may repeat dose 3 h later if necessary | Monitor contractions, FHR, and resting tone. (in case of fetal distress flush the vagina with 10 ml of NS) or remove the tampon if Cervidil is used. |
| Morphine Sulfate | Severe pain | CNS confusion, sedation, dizziness  Euphoria, floating feelings, hallucinations.  Respiratory depression | IV, IM,PO | Depends on when given (hospital policy) | Assess type, location, intensity of pain prior to and at least 1 hour after following. Monitor VS |
| Stadol  (Butorphanol) | Management of pain | As above | IV, IM | Usual dose is 1-2 mg | As above |
| Fentanyl | Management of pain | Same as morphine | IV, IM,PO | Usual dose 25-75mcg | As above |
| Phenergan  (Promethazine) | Treatment and prevention of Nausea and vomiting. Also used as a potentiate the effect of pain medications | CNS depression when given with opioid. Confusion, disorientation, sedation, dizziness | IV, IM, PO. If given IV (usual dose) dilute in 10cc of N/S | Usual dose in OB is 12.5-25 mg q6h prn | Monitor VS assess level of sedation and respiratory depression |
| Zofran (Ondansetron) | Prevention of nausea and vomiting | Headache, dizziness, drowsiness, fatigue, weakness | IV, IM, PO | 4-8mg PO or IV | Assess for N&V relief |
| Betamethasone  (Celestone) | Glucocorticoid- Steroid to stimulate fetal lung maturity and prevent respiratory distress | Increased blood sugar  Headache, depression,  difficulty sleeping | Deep IM in ventral gluteal or vastus lateralis muscle for use in obstetrics | 12 mg IM X 2 doses 24 hours apart | Given to pregnant woman who is at risk for preterm delivery. Best given between 25-33 weeks gestation. If diabetic, monitor blood sugars closely |
| Erythromycin Ointment (Opthalmic) | Antibiotic eye ointment | Temporary blurry vision | For ophthalmic use in newborns | Given to newborns prophylactically OU (both eyes) within 24 hours of birth to prevent neonatal | For newborns to prevent infections such as Gonococcal Ophthalmia Neonatorum or Chlamydia trachomatis which can cause blindness. Insert a ribbon of ointment in each eye starting from the inner canthus to the outer. Do not touch the applicator to the eye. |
| Vitamin K  (AquaMEPHTYON) | Fat-soluble vitamin supplement for newborn’s for blood clotting | Site irritation and redness | IM-Vastus lateralis | 0.5-1mg IM | Infants lack Vitamin K because it is not made in their GI tract until around day 7. Vitamin K is produced in the colon by bacteria once feedings are introduced and this can lead to a fatal bleeding disorder |
| Indocin  (Indomethacin) | Tocolytic (prevent preterm labor)  Nonsteroidal anti-inflammatory drug | Mother: Indigestion, dizziness N&V  The fetus can cause premature closure of ductus arteriosus (normal fetal circulatory adaptation | PO | 50mg PO loading dose then Q 6 hours x 48 hours | Used to delay delivery of a premature infant. Inhibits labor by blocking prostaglandin. |
| Procardia  (Nifedipine) | Calcium Chanel blocker. Off-label tocolytic (prevent premature birth)  Blocks passage of calcium into smooth muscle such as the uterus. | Hypotension, dyspnea, peripheral edema, headache fatigue, dizziness, constipation, diarrhea | PO | 10-20mg PO Q 4-6 hours | Admin with food to decrease stomach upset. Caution patients in eating grapefruit while taking.  Monitor for orthostatic hypotension-headache, flushing, dizziness, and nausea.  Slowly change position from supine to upright. Maintain hydration. |
| Rho(D) Immune Globulin  (Rhogam) | Administered to the mother to prevent hemolytic disease in the newborn. It is an immune globulin-a blood product | Tenderness, allergic reaction, fever chills, shaking | IM to mother | Each vial or syringe (approx. 300mcg) prevents sensitization to a volume of up to 15mL of Rh-positive red blood cells. Administer IM at 26-28 weeks of gestation and then within 72 hours of the birth of an Rh incompatible delivery, miscarriage, abortion, transfusion, invasive tests like amniocentesis, or accident. | This is given to Rh-negative mothers carrying a fetus with Rh-positive blood. If a mother who has Rh-negative blood gets exposed to the baby’s Rh-positive blood, the mother can get sensitized to the positive blood and develop antibodies that will attack the NEXT baby causing a hemolytic situation in the fetus. |
| Hepatitis B vaccine | Vaccine for newborns. 1st dose within 24 hours of birth | Irritation and tenderness at injection site, fever | IM | 0.5 ml dose as a newborn then repeated at 3 months and 6 months in anterolateral thigh | One of a series of 3 injections to prevent Hepatitis B infection. Informed consent must be obtained. |
| Rubella vaccine  (German Measles) | Vaccines are often included in MMR measles mumps and rubella. | Irritation and tenderness at injection site, fever | SQ | 0.5 ml SQ | Do not give this injection during pregnancy, it may cause birth defects. Give postpartum to prevent rubella during the next pregnancy. Avoid pregnancy for 28 days after immunization |
| Prenatal Vitamins  (PNV) | Multivitamin. Many include iron. | Nausea, constipation | PO | 1 tab daily | Is a supplement that includes folic acid-very important early in pregnancy to prevent fetal neural tube defects |
| Hormonal Contraceptives | Contraceptives | Nausea, headache breast tenderness, weight changes, mood changes | PO, implants, IUD, patch, injectable, vaginal rings, | 1 tab daily | The administration needs to be consistent to be effective. Instruct if you forget 1 dose, take one asap, if you forget multiple doses follow med instructions and abstain from intercourse. Not recommended for smokers, those with hypertension, or other risks for thromboembolism. Observe for thrombus-chest pain, shortness of breath, leg pain and swelling, vision change, or stroke. Take at bedtime if nausea occurs. Does not protect against STI’s |
| Carboprost  (Hemabate) | Prostaglandin to treat severe bleeding after child-birth.  Can also be used to induce abortion by causing uterine contractions | Vasoconstrictor that can cause hypertension, fever, nausea, vomiting, diarrhea | IM | Initial 250 mcg IM, repeat PRN q 15-90min | Caution with patients with Asthma, hypertension, glaucoma, |  |  |  |  |  |