

LABOR AND DELIVERY

Ampicillin Sodium

Dosage/Range: IM, IV 500 mg to 3 g q 6 hrs, PO 250-500mg q 6 hrs

Onset /Peak/ Duration: rapid/ 1-2 hr/ 4-6 hr /

Indication: Anti- infective Binds to bacterial cell wall, resulting in cell death.

Contraindications: Hypersensitivity to penicillins, Use cautiously in lactation: distributed into breast milk. Can cause rash, diarrhea, and sensitization in the infant.

Nursing Considerations: Assess for infection- vitals wound appearance, sputum, urine, stool, and WBC. Obtain history to determine previous use and reaction to penicillin.

AE: seizures, diarrhea, rashes, allergic rxn

Betamethasone

Dosage/Range: IM: 12mg daily for 2-3 days

Onset/Peak/Duration: 1-3hr/unk/1 week

Indication: used to prevent respiratory distress in preterm newborn (helps lungs produce surfactant)

Contraindication: active untreated infections; traumatic brain injury; hypersensitivity to bisulfates

Nursing Considerations: Give in the morning to coincide with body's natural release of cortisol; shake IM suspension well before drawing up

AE: depression, euphoria, HTN, peptic ulceration, anorexia, nausea, adrenal suppression

Bupivacaine Hydrochloride 125% (Marcaine, Sensorcaine)

Dosage/Range: Epidural 10-20mL administer in increments of 3 -5ml allowing sufficient time to detect toxic signs

Onset /Peak/ Duration: 10-30 min/ unk/ 2-8 hr

Indication: Local anesthetics

Contraindications: Hypersensitivity, Contains bisulfites & should be avoided in patients with known intolerance.

Obstetrical paracervical block anesthesia. Use cautiously in concurrent use of anticoagulants

Nursing Considerations: Assess for systemic toxicity (tingling & numbness, ringing in ears, metallic taste, dizziness, slow speech. Monitor BP, HR, and RR .Monitor for return of sensation after procedure

AE: seizures, cardiovascular collapse

Dinoprostone (Prepidil, Cervidil)

Dosage/Range: 0.3 mg/hour over a 12 hour period

Onset /Peak/ Duration: rapid/ 30-45 min/ unknown

Indication: Inducing labor (ripening of cervix)

Contraindications/Nursing Considerations: Hypersensitivity to prostaglandins. Evidence of fetal distress where delivery is not imminent; remove insert at onset of active labor, before amniotomy or after 12 hours

AE: abnormal uterine contractions

Clindamycin phosphate (Cleocin Phosphate)

Dosage/Range: PO 150-450 mg q 6hrs IM, IV 300-600 mg q 6-8 hrs

Onset /Peak/ Duration: PO Rapid/ 60 min/ 6-8 hrs IM Rapid/1-3hr min/6-8 hrs IV Rapid, end of infusion, 6-8 hrs

Indication: Tx of infection

Contraindications: Hypersensitivity, present in breastmilk.

Nursing Considerations: Assess for diarrhea, cramping, fever or bloody stools.

AE: diarrhea, vertigo, rashes, phlebitis

Fentanyl citrate (Sublimaze)

Dosage/Range: IM, IV: 50-100mcg

Onset /Peak/ Duration: :7-15 min/ 20-30min/1-2 hrs

Indication: Regional anesthesia during labor

Contraindications/ Nursing Considerations: Can interact w/MAO-I's, grapefruit juice, other CNS depressants; O2, Narcan & resusc equip need to be avail. IV:admin over 1-3 min

AE: apnea, laryngospasm, itching, respiratory depression.

Gentamicin sulfate (Cidomycin, Garamycin)

Dosage/Range: IM, IV: <1200g: 2.5mg/kg/dose q24h. Premature: <1000g: 3.5mg/kg/dose q24h.

Onset /Peak/ Duration: IM: rapid/ 30-90 min / 8-24hr IV: rapid/ 15-30 min/ 8-24hrs

Indication: Tx of susceptible bacterial infections.

Contraindications/Nursing Considerations: Use caution: enters breast milk in small amounts. DON'T use in pts with hypersensitivity to gentamicin or other aminoglycosides. Risk of nephrotoxicity and ototoxicity. Use in caution w/ neonates d/t renal immaturity, & pts w/preexisting renal impairment, auditory or vestibular impairment, hypocalcemia, & myasthenia gravis.

AE: ataxia, vertigo, ototoxicity, nephrotoxicity

(Hemabate) Carboprost tromethamine

Dosage/Range: IM: 250 mcg, prn q 15-90min, not to exceed 2mg (8 doses). IM: 250mcg, prn q1.5-3.5h, not to exceed 12mg.

Onset /Peak/Duration: unk/ 16 hr/ unk

Indication: Tx of postpartum hemorrhage d/t uterine atony. Aborting pregnancy between 13th & 20th weeks of gestation.

Contraindications/Nursing Considerations: Use w/caution in pts with a hx of asthma, hypo- or HTN, cardiovascular, renal, or hepatic disease, anemia, jaundice, diabetes, epilepsy, or pts with compromised (scarred) uterus. Monitor BP, pulse, watch for hemorrhage. Examine for cervical trauma. Possible teratogenic effects on fetus; 20% of abortions may be incomplete. Do not use in pts with acute PID, active cardiac, pulmonary, renal or hepatic disease. May result in excessive uterine tone, causing decreased uterine blood flow and fetal distress.

AE: diarrhea, N/V, uterine rupture, fever

Ibuprofen (Motrin)

Dosage/Range: IV: 500-1500g, 10mg/kg. PO Analgesic: 4-10mg/kg/dose q6-8h, max 40mg/kg/day

Onset /Peak/ Duration PO (antipyretic) 0.5-2.5hr/2-4hr/ 6-8 hr PO: (analgesic):30min/ 1-2 hr/ 4-6 hr PO (anti-infl): 7days/1-2 wk/unk

Indication: Tx of inflammatory diseases and rheumatoid d/o's, mild to moderate pain, fever, dysmenorrhea, gout.

Contraindications/Nursing Considerations: Use caution: enters breast milk in small amounts. Do not use in pts with hypersensitivity to ibuprofen, aspirin, or other NSAIDs. May increase risk of GI bleeding, irritation, ulceration, and perforation. Not recommended for pregnant patients; has been associated with persistent pulmonary HTN in infants.

AE: GI bleed, hepatitis, headache, allergic reactions, N/V

Indocin (Indomethacin)

Dosage/Range: PO: 25-50 mg 2-4 x a day or 75 mg extended tablet 1-2x day;

Onset/Peak/Duration: 30 mins/0.5-2hr/4-6 hr

Indication: a tocolytic used to stop preterm labor

Contraindications: known alcohol intolerance, active GI bleeding, ulcer disease, recent history of rectal bleeding, intraventricular hemorrhage, thrombocytopenia

Nursing Considerations: Give PO after meals or with food; monitor BUN and Cr; monitor LFTs; pt should stay upright for 30 mins after taking PO; this one crosses the placenta and can close PDA prematurely, can also lead to oligohydramnios; not widely used.

AE: dizziness, psychic disturbances, drug-induced hepatitis, GI bleeds, constipation, dyspepsia, N/V

Lactated Ringers

Dosage/Range: IV: 20-30ml/kg body weight/hour

Onset /Peak/ Duration: Enters blood immediately.

Indication: Isotonic solution for fluid and electrolyte replenishment, usually after blood loss. Contains Na, Cl, K, Ca, lactate.

Contraindications/Considerations: Not used for maintenance fluids, b/c sodium content is too high. Monitor electrolytes (esp K) & hydration status. Contraindicated in tx of lactic acidosis d/t lactate content. Never give LR in same IV as blood

Lidocaine hydrochloride (Xylocaine)

Dosage/Range: IV: 50-100 mg (1mg/kg) infusion up to 4.5 mg/kg or 300 mg in 1h. Topical: apply as needed (not to exceed 35g/day as cream).

Onset /Peak/ Duration: IV: immed./ 10-20min-several hrs IM: 5-15min, 2-3 hr Local: Rapid, 1-3 hrs.

Indication: IV: ventricular arrhythmias.IM: infiltration/mucosal/topical anesthetic

Contraindications/Nursing Considerations: Do not use in pts with hypersensitivity, advanced AV block. Use cautiously in pts with liver disease, CHF, resp. depression, shock, pregnancy/lactation (safety not established).

AE: seizures, confusion, cardiac arrest, stinging at IV site

Magnesium Sulfate

Dosage/Range: Loading Dose = 4-6 g IV in 100 ml over 2 mins; Maintenance Dose = 1-4 g/hour titrated to DTR and serum Mag levels

Indication: Used to stop pre-term labor (tocolytic)

Contraindications/Nursing Considerations: Effect of tocolytics is reduced if cervix is more than 4-5 cm dilated; Mag has fewer side effects than other tocolytics

AE: initially a feeling of warmth, HA, nystagmus, nausea, dry mouth, dizziness; risk of pulmonary edema, sluggishness; in fetus = hypotonia and lethargy for 1-2 days, hypoG, hypoC

(Methergine) Methylergonovine Maleate

Dosage/Range: PO: 200-400 mcg (0.4-0.6 mg) q 6-12hr for 2-7 days IM/IV: 200 mcg (0.2mg) q 2-4 hr for up to 5 doses

Onset /Peak/ Duration: PO: 5-15 min/ unk/3 hr IM:2-5 min/unk/3 hr IV: immed/unk/45min-3 hr

Indication: To produce uterine contractions and prevent postpartum hemorrhage due to uterine atony. Also used in management of subinvolution

Contraindications: known hypersensitivity to drug, hypersensitivity to phenol, HTN, sever hepatic or renal disease, sepsis

Nursing Considerations: excessive vasoconstriction may result when used with heavy cig smoking or other vasopressors (ie. dopamine) Admin at a rate of 0.2mg over at least 1 min

AE: HTN, N/V, cramps

Misoprostol (Cytotec)

Dosage/Range: 25-50 mcg for induction of labor term

Onset /Peak/ Duration: 30 min/ unk/3-6 hr

Indication: Induce labor (Cervical ripening)

Contraindications: Preterm Pregnancy, component allergy

Nursing Considerations: Take the full course. May have diarrhea. Notify doctor if it last longer than 1 week.

AE: abd pain, diarrhea, miscarriage

Mineral Oil

Dosage/Range: 5-45mL PO

Onset /Peak/ Duration: PO 6-8hr/ unk/ unk Rectal: 2-15hr/ Unk/unk

Indication: Used to soften feces, management of constipation

Contraindications: Hypersensitivity

Nursing Considerations: May cause diarrhea, assess color, consistency, and amount of stool produced

AE: no major AEs, may cause diarrhea

Morphine (Duramorph)

Dosage/Range: IV,IM,SC: 4-10 mg q 3-4 hour

Onset/Peak/Duration: IV: rapid/20 mins/4-5 hr; IM: 10-30m/300-60m/4-5hr; SC: 20 m/50-90m/4-5hr

Indication: severe pain

Contraindications: hypersensitivity

Nursing Considerations: ATC may be more effective than prn; do not administer discolored solution; assess LOC, BP, HR and RR before and during; assess bowel function routinely; narcan is reversal

AE: sedation, respiratory depression, hypotension, constipation, bradycardia

(Mylanta) Aluminum Hydroxide

Dosage/Range: 10-30 mL or 300-1200 mg PO q4-6 hr.

Onset /Peak/ Duration: Immed/ unk/ 3 hr

Indication: Relief of heartburn, upset or sour stomach, or acid indigestion

Contraindications/ Nursing Considerations: Separate other drug administration by 2 hours, increase effectiveness of liquid form; OK in renal failure

AE: constipation

Narcan (Nalaxone)

Dosage/Range: 0.4 mg IV, IM, SC (or 10 mcg/kg), may repeat a 2-3 mins.

Onset/Peak/Duration: IV: 1-2 mins/unk/45 mins

Indication: opioid overdose

Contraindications: Hypersensitivity

Nursing Considerations: monitor RR, rhythm and depth, HR, ECG, BP and LOC for 3-4 after dose given; pt may be extremely sensitive to narcan

AE: HTN, hypoT, v-fib, v-tach, N/V

Nubain (Nalbuphine)

Dosage/Range: 10 mg q 3-6 hours IM, SC, IV (NTE 160 mg)

Onset/Peak/Duration: IV: 2-3 mins/30 mins/3-6 hr; SC: <15 min/unk/3-6hr; IM < 15 min/60 mins/3-6hr

Indication: moderate to severe pain; analgesia during labor

Contraindications: Physically dependent patients

Nursing Considerations: Give IM deep into well-developed muscle; assess BP, P and RR before and during administration; Narcan is the reversal

AE: sedation, respiratory depression, dry mouth, N/V, urinary urgency, blurred vision

Oxytocin (Pitocin)

Dosage/Range: Induction of Labor IV: 0.5-2 milliunits/min Postpartum Hemorrhage: 10 units

Onset /Peak/ Duration: IV: Immediate/ N/A/ 1hr IM: few mins/ N/A/ 20 min

Indication: Induction of labor, postpartum control of bleeding after expulsion of the placenta

Contraindications: Hypersensitivity, anticipated non-vaginal delivery

Nursing Considerations: Can cause painful contractions. Assess fetal maturity & presentation prior to admin. Assess character, frequency of contractions; if <2min apart, last 60-90 sec or longer, or change in fetal HR develops, stop admin & place pt on left side Frequency of fundal checks is determined by physician/ CNM order's, the woman's condition, and the status of the fundus q 15 min for the first hour; q 30 for the second postpartum hour; q 4-8 hours until discharge. When oxytocic drugs are used to prevent or reverse uterine atony, a physician/CNM should be immediately available to manage complications. When the drug is administered, the uterus should remain in strong, continuous contraction. The woman may complain of uterine pain or cramping. Be prepared to administer analgesics for pain relief if cramping is intense. When the uterus remains atonic (not contracted), the dose of the drug or rate of the IV infusion may be insufficient to effectively control uterine bleeding. Notify physician/ CNM immediately. Be prepared to administer additional doses to increase I Assess for diarrhea, cramping, fever or bloody stools. infusion rate.

AE: coma, seizures, intracranial hemorrhage, asphyxia, increased uterine motility, painful contractions

(Reglan) Metoclopramide Hydrochloride

Dosage/Range: Post-op n/v:IM, IV: 10-20mg, prn q6-8 hr

Onset /Peak/ Duration: PO: 30-60 min/1-2 hrs. IM: 10-15 min/1-2 hrs. IV: 1-3 min/ 1-2 hrs.

Indication: Prevention of chemotherapy induced emesis. Post surgical and diabetic gastric stasis. Post-op n/v.

Contraindications/Nursing Considerations: Do not use in pts with hypersensitivity, possible GI obstruction, hemorrhage, or Parkinson's disease. Use cautiously in pts with a h/o depression, diabetic, pregnancy/lactation.

AE: neuroleptic malignant syndrome, drowsiness, EPS, restlessness

Terbutaline

Dosage/Range: SC: 250 mcg q 1 hour; IV: 10 mcg/min infusion, increase by 5 mcg/min q 10 mins until contractions stop

Onset/Peak/Duration: SC: <15 min/0.5-1hr/1.5-4hr

Indication: Management of preterm labor

Contraindications: Hypersensitivity to adrenergic amines

Nursing Considerations: Give SC in lateral deltoid area; may dilute continuous infusion in D5W, NS or 1/2 NS; monitor mom's BP, contractions and fetal heart rate; monitor mom and neonate for signs of hypoglycemia; signs of toxicity include persistent agitation, chest pain or discomfort, decreased BP, dizziness, hyperG, hypoK, seizures, tachyarrhythmias, persistent trembling and vomiting.

AE: nervousness, angina, HTN, tachyC, N/V, hyperglycemia

(Zofran) Ondansetron hydrochloride

Dosage/Range: PO: 8mg IM: 4mg IV: 4mg

Onset /Peak/ Duration: PO: rapid/ 15-30 min/4-8 hrs IM: rapid/ 40 min/ unk

IV: rapid/ 15-30 min/4-8 hrs

Indication: Prevention and tx of N/V

Contraindications: Hypersensitivity, orally disintegrating tablets should not be used in pts with phenylketonuria.

Nursing Considerations: SE include headache, constipation, and diarrhea. Assess pt for extra pyramidal SE following administration

AE: HA, constipation, diarrhea, EPS

POSTPARTUM

Acetaminophen (Tylenol)

Dosage/Range: 650 mg PO or PR q 4-6 hr or 1000 mg PO q 6 hr; 4g/24h

Onset /Peak/ Duration: 0.5-1 hr/ 1-3 hr/ 3-8 hr

Indication: Mild- moderate pain, HA, fever

Contraindications/Nursing Considerations: Delayed absorption if given with food. Don't use with alcohol, teach S/S of hepatotoxicity, consult healthcare provider if temp is greater than 103 for more than 3 days

AE: hepatic and renal failure, rash, urticaria

(Benadryl)Diphenhydramine hydrochloride

Dosage/Range: 25-50 mg PO,IM pr IV bid-tid

Onset /Peak/ Duration: PO: 15-60 min/2-4 hr/4 -8 hr IM: 20-30 min/2-4 hr/4-8 hr IV: Rapid / unknown/ 4-8 hr

Indication: Prevent allergic reactions, motion sickness, potentiate narcotics, sedation, cough suppression

Contraindications: acute asthma

Nursing Considerations: Increase risk of photosensitivity- use sunscreen; may cause drowsiness.

AE: drowsiness, anorexia, dry mouth

Benzocaine Menthol

Dosage/Range: bid

Onset /Peak/ Duration: ~1min/ unk/ 15-20 min

Indication: hemorrhoids

Contraindications/Nursing Considerations: use cautiously in large or severely abraded areas of skin or mucous membrane

AE: stinging, allergic rxn, urticaria

Colace -Dioctyl sodium sulfosuccinate (Docusate Sodium)

Dosage/Range: 50-500 mg PO divided qid

Onset/Peak/Duration: PO: 24-48 hrs/ unk/ unk

Indication: Constipation; adjunct to painful anorectal conditions (hemorrhoids)

Contraindications: Don't use with mineral oil; intestinal obstruction, acute abdominal pain, N/V

Nursing Considerations: Take with full glass of water; no laxative action; do not use > 1 week

AE: throat irritation, mild craps, rash

Hydrocortisone 1%

Dosage/Range: Rectal: Aerosol foam – 90 mg 1-2X/day for 2-3 wk; then adjusted

Onset /Peak/ Duration: mins-hrs/ hrs-days/ hrs-days

Indication: Mgmt of inflammation

Contraindications/Nursing Considerations: shake well and spray on affected area; hold container 3-6" away. Spray for about 2sec to cover an area the size of a hand. Do not inhale

AE: burning, dryness, irritation

Lanolin Ointment (Lansinoh)

Indication: Sore, cracked nipples

Contraindications/Nursing Considerations: Area may burn, sting or become red

(Milk of Magnesia) Magnesium hydroxide

Dosage/Range: PO: 30-60 ml single or divided dose or 10-20ml as concentrate

Onset /Peak/ Duration: 3-6 hr/ unk/unk

Indication: Laxative / antacid

Contraindications: hyperMg, hypoC, Anuria, heart block. Use cautiously in any degree of renal insuff.

Nursing Considerations: Shake solution well before admin; admin on empty stomach. Do not admin at bedtime or late in day. Follow PO doses with glass of water

AE: diarrhea, flushing, sweating

(Methergine) Methylergonovine maleate

Dosage/Range: PO: 200-400 mcg (0.4-0.6 mg) q 6-12hr for 2-7 days IM/IV: 200 mcg (0.2mg) q 2-4 hr for up to 5 doses **Onset /Peak/ Duration:** PO: 5-15 min/ unk/3 hr IM:2-5 min/unk/3 hr IV: immed/unk/45min-3 hr

Indication: To produce uterine contractions and prevent postpartum hemorrhage due to uterine atony. Also used in management of subinvolution

Contraindications: known hypersensitivity to drug, hypersensitivity to phenol, HTN, severe hepatic or renal disease, sepsis

Nursing Considerations: excessive vasoconstriction may result when used with heavy cig smoking or other vasopressors (ie. dopamine) Admin at a rate of 0.2mg over at least 1 min

AE: HTN, N/V, cramps

(Maalox) Calcium Carbonate

Dosage/Range: 0.5-1.5g PRN

Onset /Peak/ Duration: PO: unk IV: immed/ immed/ 0.5-2 hr

Indication: Relief of acid indigestion or heartburn

Contraindications: hyperC, renal calculi, V.fib Use cautiously in : pts rec' dig, renal disease, cardiac disease

Nursing Considerations: May interact with cereals, spinach or rhubarb may <absorption. Admin 1-1.5 hr after meals. Follow oral doses with a glass of water

AE: constipation, diarrhea

Oxytocin (Pitocin)

Dosage/Range: Induction of Labor IV: 0.5-2 milliunits/min Postpartum Hemorrhage: 10 units

Onset /Peak/ Duration: IV: Immediate/ N/A/ 1hr IM: few mins/ N/A/ 20 min

Indication: Induction of labor, postpartum control of bleeding after expulsion of the placenta

Contraindications: Hypersensitivity, anticipated non-vaginal delivery

Nursing Considerations: Can cause painful contractions. Assess fetal maturity & presentation prior to admin.

Assess character, frequency of contractions; if <2min apart, last 60-90 sec or longer, or change in fetal HR develops, stop admin & place pt on left side Frequency of fundal checks is determined by physician/ CNM order's, the woman's condition, and the status of the fundus q 15 min for the first hour; q 30 for the second postpartum hour; q 4-8 hours until discharge. When oxytocic drugs are used to prevent or reverse uterine atony, a physician/CNM should be immediately available to manage complications. When the drug is administered, the uterus should remain in strong, continuous contraction. The woman may complain of uterine pain or cramping. Be prepared to administer analgesics for pain relief if cramping is intense. When the uterus remains atonic (not contracted), the dose of the drug or rate of the IV infusion may be insufficient to effectively control uterine bleeding. Notify physician/ CNM immediately. Be prepared to administer additional doses to increase I Assess for diarrhea, cramping, fever or bloody stools. infusion rate.

AE: coma, seizures, intracranial hemorrhage, asphyxia, increased uterine motility, painful contractions

Rhogam Rh (D) Immune Globulin

Dosage/Range: Rh Immune Globulin for IM only: 1 vial standard dose (300 mcg) w/in 72 hrs of delivery Rh Immune Globulin IV (for IM or IV use) WinRho – 600 IU (120mcg) OR Rhophylac – 1500 IU (300 mcg) w/in 72 hr of delivery

Onset /Peak/ Duration IM: rapid/ 5-10 days/ unk; IV: unk/2 hr /unk

Indication: Admin to Rh- pts who have been exposed to Rh+ blood

Contraindications: prior allergic rxn to human immunoglobulin

Nursing Considerations: Do not confuse IM and IV formulations. Rh Immune Globulin (microdose and standard dose) is for IM use only and cannot be given IV. Rh Immune Globulin IV may be given IM. Admin at room temp IM into deltoid – should be given within 3 hrs but may be given up to 72 hr after delivery IV admin over 3-5 min

AE: anemia, diarrhea, rash, vomiting, pain at site, fever

Rubella virus vaccine

Dosage/Range: 0.5 mL Subcutaneous **Onset /Peak/ Duration:** 2-4 weeks/ unk/unk

Indication: Prevents infection by the Rubella virus by stimulating the body to produce antibodies

Contraindications: Do not become pregnant for three months following immunization

Nursing Considerations: Assess pts for signs of allergic reaction following administration

Simethicone chew tablets (Mylicon)

Dosage/Range: PO40-125mg QID

Onset /Peak/ Duration: immediate/ N/A/ 3 hrs

Indication: Relief of pain caused by gas in the GI tract

Contraindications: None

Nursing Considerations: Assess abd pain, bowel sounds, and distention during therapy. Assess frequent belching and passage of flatus

AE: no significant side effects

Sodium chloride .9%

Dosage/Range: 1-2L 100mL/hr IV

Onset /Peak/ Duration: rapid/ end of infusion/ unk

Indication: Hydration and maintenance of fluid and electrolyte status

Contraindications: Pts with elevated or decreased serum sodium

Nursing Considerations: Assess for fluid overload during infusion. Assess pt for signs of hyponatremia during infusion

Tucks Pads (Witch Hazel-Glycerin)

Dosage/Range: Apply pads to perineum after cleansing after each void or BM.

Onset /Peak/ Duration: Unk

Indication: Promotes healing of hemorrhoids and perineal pain. Relieves inflammation.

Contraindications: unknown

Nursing Considerations: Assess for perineal and hemorrhoidal pain and itching. Assess for skin integrity.

(Vicodin 5-500mg) Acetaminophen & Hydrocodone bitrate

Dosage/Range: 2.5 to 10 mg q 3 to 6 hours prn pain. Not to exceed 4 g acetaminophen per day.

Onset /Peak/ Duration: Onset: 10 to 30 minutes. Duration: 4 to 6 hours.

Indication: Management of moderate to severe pain.

Contraindications: Hypersensitivity to drug, bleeding disorders, severe hepatic or renal disease.

Nursing Considerations: Assess VS. Assess for sedation, constipation, and pain relief.

AE: sedation, hypoT, constipation, nausea, dyspepsia, respiratory depression

NEWBORN

Erythromycin Ointment (Ilotycin)

Dosage/Range: 0.5 to 1 cm strip along lower conjunctival surface of each eye, inner canthus to outer canthus.

Onset /Peak/ Duration: Onset/Duration: unlisted for topical medications. It is safe to wipe away excess medication after 1 hour.

Indication: Prevention of infection with neonatal conjunctivitis and ophthalmic neonatorum, which may be passed to infant from mother during birth.

Contraindications/Nursing Considerations: Wash hands before applying. Observe for hypersensitivity. Possible side effects include sensitivity reaction, inability to focus (temporarily), edema, inflammation. Apply before 1 hour after birth.

AE: rash, allergic rxn

Hepatitis B vaccine Recombinate

Dosage/Range: Children and Adolescents 0 to 19 yr of age. IM 5 mcg at 0, 1, and 6 mo.

Onset /Peak/ Duration: Duration: prolonged immunity (years).

Indication: Results in endogenous production of antibodies to protect against HBV for those who are now or may be at risk of contracting HBV in the future.

Contraindications: hypersensitivity to previous hepatitis vaccine, to preservatives, or other additives (may contain thimerisol, neomycin, and/or egg protein).

Nursing Considerations: Assess for fever >39.5, dyspnea, hives, urticaria, severe lethargy or weakness, convulsions, or swelling of eyes, face, or inside of nose.

AE: allergic rxn

Hepatitis B immune globlin

Dosage/Range: Newborns of HBsAg-Positive Mothers IM 0.5 mL.

Onset /Peak/ Duration: Onset of immunity is rapid. Duration is up to 3 months.

Indication: Provides passive immunization to hepatitis B following exposure.

Contraindications: hypersensitivity to previous hepatitis immune globulin, to preservatives, or other additives (may contain thimerisol, neomycin, and/or egg protein).

Nursing Considerations: Assess for fever >39.5, dyspnea, hives, urticaria, severe lethargy or weakness, convulsions, or swelling of eyes, face, or inside of nose.

AE: allergic rxn

(Vitamin K) Phytonadione

Dosage/Range: 0.5-1 mg IM, within 1 hr of birth, may repeat in 6-8 hrs if needed.

Onset /Peak/ Duration: 1- 2 hours/ Normal PT achieved 12 to 14 hours.

Indication: Prevention of hemorrhagic disease of the newborn.

Contraindications: Use cautiously with impaired liver function.

Nursing Considerations: Monitor for frank and occult bleeding (guaiac stools, Hematest urine, and emesis). Monitor pulse and blood pressure frequently; Apply pressure to all venipuncture sites for at least 5 min; avoid unnecessary IM injections.

AE: pain at site, hyperbilirubinemia if dose is too large, kernicterus, rash

Davidson, M. R., London, M. L., Ladewig, P. W., & Olds, S. B. (2008). *Olds' maternal-newborn nursing & women's health across the lifespan* (8th ed.). Upper Saddle River, N.J.: Pearson Prentice Hall.

Deglin, Judith Hopfer, and April Hazard Vallerand. *Davis's Drug Guide for Nurses, with Resource Kit CD-ROM (Davis's Drug Guide for Nurses)*. Philadelphia: F A Davis Co, 2009. Print.