

ampicillin

Preg cat B

Classification / Therapeutic effect: **Anti-infective** (unlabeled use: prevention of infection in certain high-risk patients undergoing cesarean section) / Bactericidal action, spectrum is broader than penicillin

Normal Range Dose: 250-500 mg q 6 hr.

AR/se: SEIZURES (HIGH DOSES), PSEUDOMEMBRANOUS COLITIS, ANAPHYLAXIS AND SERUM SICKNESS, diarrhea, rashes

Toxicity and Overdose:

Nursing Considerations/Labs: Given around clock on an empty stomach at least 1 hr before or 2 hr after meals w/full glass of water.

Lactation: Small amounts of ampicillin in breast milk can cause sensitization and alter intestinal flora of the infant. Can cause rash, diarrhea, and sensitization in the infant

Ancefcefazolin Preg cat B
Keflex cephalexin Cephaloporins-1st generation

Classification / Therapeutic effect: Anti-infective Bactericidal

Normal Range Dose: 250 – 500 mg q6-8 hrs

AR/se: SEIZURES (HIGH DOSES). PSEUDOMEMBRANOUS COLITIS, ANAPHYLAXIS AND SERUM SICKNESS diarrhea, nausea, vomiting, rashes, pain at IM site, phlebitis at IV site.

Toxicity and Overdose: Concurrent use of loop diuretics or aminoglycosides may ↑ risk of renal toxicity. Instruct patient to notify health care professional if fever and diarrhea develop, especially if diarrhea contains blood, mucus, or pus. Advise patient not to treat diarrhea without consulting health care professional.

Nursing Considerations/Labs: Pregnancy or lactation (half-life is shorter and blood levels lower during pregnancy; have been used safely). Renal Impairment – decrease dose by ½. Observe patient for signs and symptoms of anaphylaxis (rash, pruritus, laryngeal edema, wheezing). Discontinue drug and notify physician or other health care professional immediately if these problems occur. Keep epinephrine, an antihistamine, and resuscitation equipment close by in case of an anaphylactic reaction

Gentamycin Preg Cat C

Classification/Therapeutic effect: Anti-infective bactericidal, Gram neg bacteria

Normal Range Dose: 1-2 mg/kg q 8 hr

AR/se: Ataxia, ototoxicity nephrotoxicity

Toxicity and Overdose: 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.

Nursing Considerations/Labs: 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

Darvocet-N prooxyphene napsylate/acetaminophen Preg cat C

Classification/Therapeutic effect: Opioid analgesics / decrease in mild to moderate pain by binding to opiate receptors in the CNS

Normal Range Dose: 100 mg q 4 hr as needed not to exceed 600 mg/day PO: Doses may be administered with food or milk to minimize GI irritation

AR/se: Dizziness, weakness, nausea

Toxicity and Overdose: If an opioid antagonist is required to reverse respiratory depression or coma, naloxone (Narcan) is the antidote. Renal damage may occur with prolonged use of acetaminophen or aspirin. Doses of nonopioid agents should not exceed the maximum recommended daily dose.

Nursing Considerations/Labs: assess level of sedation. Assess Bowel function.

OB: Pregnancy or lactation (avoid chronic use) Advise patient that good oral hygiene, frequent mouth rinses, and sugarless gum or candy may decrease dry mouth. Assess: BP Pulse, R. If R is < 10/min, **Interactions Drug-Drug:** 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).

Demerol meperidine Preg Cat C

Classification/Therapeutic effect: Opioid **analgesics**/decrease in mild to moderate pain by binding to opiate receptors in the CNS. Analgesic during labor.

Normal Range Dose: Analgesia during labor--50-100 mg IM or SQ when contractions become regular; may repeat q 1-3 hr.

AR/se: **SEIZURES**, confusion, sedation, hypotension, constipation, nausea, vomiting

Toxicity and Overdose: If an opioid antagonist is required to reverse respiratory depression or coma, naloxone (Narcan) is the antidote.

Nursing Considerations/Labs: 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) 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. Risk of toxicity increases with doses >600 mg/24 hr, chronic administration (>2 days), and renal impairment.

Dermoplast Spray* OTC benzocaine

Classification / Therapeutic: effect Topical **anesthetic**/numbs,
Relieves pain due to stretching or tearing of perineum without touching sensitive skin.

Spray 6-12 inches away not more than 3-4 times a day.

Duramorph morphine– Post Operative analgesia Preg Cat C

Classification/Therapeutic effect: Opioid **analgesic** Sch II (regional anesthesia - like epidural) **Normal Range Dose:** IV, IM > 50kg 4-10mg q3-4 hr.

AR/se: **RESPIRATORY DEPRESSION**, confusion, sedation, hypotension, constipation ITCHING

Toxicity and Overdose: respiratory depression (more)/narcan

Nursing Considerations/Labs: 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.

Tylenol #2 (300/15/15 mg), #3(300/30/30 mg), #4 (300/60/0 mg)
Acetaminophen, codeine, caffeine

Classification / Therapeutic effect: Analgesic, antipyretics, stimulant/Mild to moderate pain.

Normal Range Dose: Acetaminophen 4G/Day Limit

AR/se: Confusion, dizziness, sedation, dysphoria, hallucinations, headache, unusual dreams, orthostatic hypotension, urinary retention.

Toxicity and Overdose: 4G/Day Limit

Nursing Considerations/Labs

DO NOT GIVE WITH VICODIN OR PERCOCET DUE TO ACETAMINOPHEN.

- Assess pain. Titration of dose starting at 25%-50%.
- Use equianalgesic chart.

Assess LOC, BP, pulse, respiration before & during administration.

Use Tylenol for Perineal Pain, after pain

Vicodin hydrocodone/acetaminophen 2.5/500 **Normal Range Dose:** 2.4 – 10 mg q 3-4

Percocet Oxycodone /acetaminophen 7.5/325 **Normal Range Dose:** 5-10 mg q 3-4 hr

Percodan Oxycodone – has no acetaminophen

Classification/Therapeutic effect: Opioid analgesic, antitussive,

AR/se: confusion, sedation, Respiratory Depression , constipation

Nursing Considerations/Labs: 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.

Xylocaine Ointment* (Bedside Med) Preg Cat B

Classification/Therapeutic effect: anesthetic (topical/local)

Normal Range Dose: Topical (Adults): Apply to affected area 2-3 times daily.

AR/se: SEIZURES, CARDIAC ARREST, ALLERGIC REACTIONS, ANAPHYLAXIS, confusion, drowsiness, stinging

Nursing Considerations/Labs: 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.

Nupercainal Ointment* (Bedside Med) dibucaine Tucks* witch hazel 50%

Classification/Therapeutic effect: Topical **anesthetic** used for hemorrhoids

Normal Range Dose: Apply enough of this medication to cover the entire area to be treated. **AR/se:** sensitization to medication, itching, redness, edema

Nursing Considerations/Labs: 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).

Tucks: •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

Feosol (100%) or Ferrosequel (Iron w/stool softener sustained release
– oral) or
Ferrous Sulfate $\text{FeSO}_4 \cdot 7\text{H}_2\text{O}$ = 20% Iron, (30%) Carbonyl iron

Classification / Therapeutic effect: Iron **supplement** Purpose: iron deficiency in pregnancy

Normal Range Dose: 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.

AR/se: constipation, black/red tarry stools,

Nursing Considerations/Labs: GI, masking hemodilution imbalance w/ zinc, so zinc needs to be prescribed. DRINK LIQUID IRON WITH STRAW to avoid staining teeth.

Milk of Magnesia magnesium hydroxide Preg Cat UK

Classification / Therapeutic effect: Laxative/antacid, mineral & elec. replacement/supplement.

Normal Range Dose: 30-60 ml - laxative/antacid.

AR/se: diarrhea

Nursing Considerations/Labs: 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)

MAGNESIUM SULFATE

Classification / Therapeutic effect: tocolytic (stops contractions) Indications/Actions
Prevent seizures by neuromuscular blockade. **NOT** to treat hypertension.... may
potentiate drugs used with general anesthesia **Loading dose:** 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.

AR/se: 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.

HEMABATE carboprost tromethamine – prostaglandin F2a

Classification / Therapeutic effect: Abortifacient/oxytocic – Carboprost causes contractions that help to stop the bleeding or ABORTION OF FETURS 13-20 WEEK GESTATION

Normal Range Dose: IM 250 (0.25 mg) mcg w/doses 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

AR/se: headache, nausea, vomiting, fever - leg cramps, fever, eye pain, rash, blurred vision, cardiac Dysrhythmia, flushing nausea, vomiting, diarrhea and possibly uterine rupture. **Toxicity and Overdose -**

Nursing Considerations/Labs contraindication in pts with uterine surgery. 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 > contraindicated

Rhogam Rho (D) immune globulin Preg Class C

Classification / Therapeutic effect: suppression of immune response in nonsensitized women w/Rh- blood who receive Rh+ blood cells because of etomaternal hemorrhage, transfusion or accident. Indications: Routine antepartumprevention 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.*

Normal Range Dose: 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)

AR/se: Myalgia, lethargy, localized tenderness and stiffness at injection site, mild and transient fever, malaise, headache, rarely nausea, vomiting, hypotension, tachycardia, possible allergic responses. **Nursing Considerations/Labs :** 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.

Mylicon preg Class UK

Classification / Therapeutic effect: antifatulent/passage of gas through the GI tract by belching or passing flatus.

Normal Range Dose: 40-125 mg QID after meals and bedtime

AR/se: none

Nursing Considerations/Labs: immediate onset. Assess for abdominal pain, distention and bowel sounds prior to and periodically throughout course of therapy.

Rubella Vaccine

Classification / Therapeutic effect: to prevent rubella in future pregnancies.

Normal Range Dose:

AR/se: transient arthralgia, rash is common but benign.

Nursing Considerations/Labs: 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.

Use a Titer. Congenital defects can develop in the fetus if mother doesn't have vaccine. < 1:8

Vistaril hydroxyzine Preg Class C

Classification / Therapeutic effect: Antihistamine, antianxiety, sedative/hypnotic / Sedation. Relief of anxiety. Decreased nausea and vomiting. Decreased allergic symptoms associated with release of histamine, including pruritus.

Normal Range Dose: 25-100mg 4x/day not exceed 600mg – Adults
Oral, IM, IV

AR/se: drowsiness, dry mouth pain at IM site.

Nursing Considerations/Labs : Neonatal withdrawal causes irritability and hyperactivity, tremor, jitteriness, shrill cry, hypotonia and seizures. Assess for profound sedation, delirium in GERI, anxiety, itching.

Benadryl diphenhydrAMINE Preg Class B

Classification / Therapeutic effect Antihistamine,

Normal Range Dose: 25-50 mg q 4-6 hr, not to exceed 300 mg / day.

AR/se: drowsiness, anorexia, dry mouth

Nursing Considerations/Labs Precautions lactation: discontinue drug or bottle-feed.

Neonatal withdrawal causes Tremulousness

Phenergan

Classification / Therapeutic effect:: Antihistamine Antimetic –
Phenothiazine – Dopamine blockage. (in article) Antiemetics,
antihistamine, sedative/hypnotic Treats nausea

Normal Range Dose: 6.25 – 12.5 mg 3 times/day and 25 mg at bedtime

AR/se: Post-op patients with this were still suffering from nausea and vomiting **NEUROLEPTIC MALIGNANT SYNDROME**, confusion, disorientation, sedation

Nursing Considerations/Labs: **Lactation** – may cause drowsiness in infant

Reglan metoclopramide Preg clas B

Classification / Therapeutic effect:: Antiemetic gastroprokinetic/
Antiemetic - Prokinetic GI agent

In addition, it is given to prevent nausea and vomiting caused by cancer chemotherapy and surgery.

Normal Range Dose: 10 mg

AR/se: **NEUROLEPTIC MALIGNANT SYNDROME** CNS: drowsiness,
extrapyramidal reactions, restlessness,

Nursing Considerations/Labs - Monitor for neuroleptic malignant syndrome (hyperthermia, muscle rigidity, altered consciousness, irregular pulse or blood pressure, tachycardia, and diaphoresis).

Vitamin K AquaMEPHYTON phytonadione

Classification / Therapeutic effect Vitamin/Prevention of hemorrhagic disease of the newborn. Used in the baby to promote clotting. Given with the first hour after birth.

Normal Range Dose: 0.5-1 mg, within 1 hr of birth

AR/se:

Toxic:

Lab Test Considerations: Monitor prothrombin time (PT) prior to and throughout vitamin K therapy to determine response to and need for further therapy. Pedi: Monitor for side effects and adverse reactions. Children may be especially sensitive to the effects and side effects of vitamin K. Neonates, especially premature neonates, may be more sensitive than older children

Erythromycin

Classification / Therapeutic effect: anti-infective / Bacteriostatic action against susceptible bacteria Prevents N. gonorrhoea or C. Trachomatis. Put in after birth to prevent conjunctivitis

Normal Range:

AR/se: QTC PROLONGATION (MAY RESULT IN TORSADES DE POINTES), VENTRICULAR ARRHYTHMIAS, nausea, vomiting phlebitis at IV site

Toxic:

Nursing Considerations/Labs: Cleanse crust from eyes, do not contaminate container, report redness or swelling.

Pitocin **oxytocin** Preg Cat X (intranasal),
UK (IV, IM) a synthetic form of oxytocin

Classification/ Therapeutic effect: hormones/induction of labor at term. Postpartum control of bleeding after expulsion of the placenta. Intranasal-used to promote milk letdown in lactating women.

Normal Range: Induction-0.5-2 milliunits/min increased 1-2 per 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.

AR/se: allergies, Dysrhythmia, changed in BP, uterine rupture, water intoxication, hypertonicity of uterine. nausea, vomiting. **COMA, SEIZURES, INTRACRANIAL HEMORRHAGE, ASPHYXIA**, increased uterine motility, painful contractions

Nursing Considerations/Labs: 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.

PCA used with demerol or morophine for first 24 hrs.

Classification/ Therapeutic effect:

Normal Range:

AR/se:

Toxic:

Nursing Considerations/Labs:

Senna-S sennosides

Classification/ Therapeutic effect: laxative/simulative laxative action

Normal Range: onset 6-12 hr. PO 12-50 mg 1-2 times daily.

AR/se: cramping, diarrhea

Toxic:

Nursing Considerations/Labs: 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.

heparin preg cat C

Classification/Therapeutic effect: anticoagulant, **antithrombotic**/ Prophylaxis and treatment of various thromboembolic disorders. Prevention of thrombus formation. Prevention of extension of existing thrombi (full dose).

Normal Range: 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. **Prophylaxis of Thromboembolism** 05-1 units/ml (final solution concentration) to maintain line patency. Arterial Line Patency

AR/se: **BLEEDING**, anemia, thrombocytopenia (can occur up to several weeks after discontinuation of therapy)

Toxic: 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

Methergine methylergonovine Preg Cat C

Classification/ Therapeutic effect: Oxytocic/Ergot alkaloids / uterine contraction by stimulating smooth muscles, prevention of postpartum bleeding. FOR UTERINE ATONY (BOGGY) NOT RESPONDING TO MASSAGE OF FUNDUS or responding to oxytocin.

Normal Range: 200-400 mcg (0.2 MG) IV for emergency.

0.2 mg IM q 2-4hr up to 5 doses

AR/se: HYPOTENSION, nausea, vomiting, cramps, hypertension, headache

Toxic:

Nursing Considerations/Labs: 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.

morphine

Classification/Therapeutic effect: opioid **analgesic**/decrease in severity of pain.

Normal Range: 30 mg q 3-4 hr initially

AR/se: **RESPIRATORY DEPRESSION**. constipation, hypotension confusion, sedation

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.

Nursing Considerations/Labs: **OB:** Pregnancy or lactation (avoid chronic use; has been used during labor but may cause respiratory depression in the newborn) **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). 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

lanolin cream

Classification/Therapeutic effect: / moist wound healing of sore nipples

Normal Range:

AR/se:

Toxic:

Nursing Considerations/Labs: applied after feeding. made from wool – ask if allergic 1st.

name

Classification/Therapeutic effect:

Normal Range:

AR/se:

Toxic:

Nursing Considerations/Labs: