HACKETTSTOWN REGIONAL MEDICAL CENTER

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**MATERNAL SERVICES**
(Scope)

**TITLE:       ADMINISTRATION OF NIFEDIPINE/PROCARDIA FOR PRETERM LABOR**

PURPOSE:              To outline procedure for using Nifedipine/Procardia for treatment of preterm labor.

SUPPORTIVE DATA:        See Protocol 6160.028a
EQUIPMENT:              See Protocol 6160.028a

CONTENT:         A. Contraindications:
                      CHF, aortic stenosis, maternal liver disease, hypersensitivity
                 B.  Side effects:
                      Hypotension, flushing, nasal congestion, tachycardia, dizziness, nausea,
                      nervousness, bowel changes, respiratory changes
                 C.  Procedure:
                      1.  Initiate EFM if not already in place          Explain procedures and side
                                                                        effects to diminish anxiety.

                      2.  Obtain Health Care Provider's order           Usual loading dose is 10 mg
                          for medication                                po q 20 min X 3 doses
                                                                                -OR-
                                                                        10 mg po q 15 min X 4 doses;
                                                                        maintenance dose 10-20 mg po
                                                                        q 4 hours. **Do not administer
                                                                        sublingual.**

                      3.   Obtain baseline vitals then VS q 15          Take BP prior to each dose of Nifedipine.
                                                                         Hold medication and notify
                          Min. during loading dose prior to adminis-     provider for BP $\leq$ 100/60,
                          tering dose and q 30-60 min during main-       sustained tachycardia >120,
                          tenance .                                      or for parameters as ordered

                      4.  Obtain baseline labs as ordered.             Review results.

                      5.  Obtain urine specimen and send to lab.        Review results and place
                          Monitor intake/output.                        in chart.  Notify provider if
                                                                        <30 cc/hour.  Monitor for
                                                                        edema.

DOCUMENTATION:        Utilize QS system for documentation of patient care including medications, fetal
                      and uterine activity, vital signs, intake/output.  Chart medication administration in Cerner system
                      using C5, and scanning both patient ID bracelet and medication barcodes prior to administration.

REFERENCES:
 Mandeville, Lisa K, Troiano, Nan H, (1999) AWHONN  High Risk and Critical Care: Intrapartum Nursing,
Lippincott:Philadelphia

Spratts, G.R, Woods, A.L, (2000) _, Delmar Publishing