

Date: _____ Time: _____ Sent to Pharmacy: _____

- Billing Status: Inpatient

Pharmacy/IVs:

- IV fluid: Lactated Ringers 500 ml w/ oxytocin (Pitocin) 10 units continuous by infusion pump until discontinued. **Piggyback** oxytocin line into primary line at most proximal point to primary venipuncture site. Begin @ 1 milliunit/min and maintain infusion at this rate
- Terbutaline 0.25 mg subcutaneously X 1 prn for uterine tachysystole with indeterminate/abnormal FHR pattern :
 - >5 contractions in 10 minutes, averaged over a 30 minute window; **OR**
 - Contractions lasting \geq 2 minutes or more; **OR**
 - Contractions of normal duration occurring within 1 minute of each other; **OR**
 - Insufficient return of uterine resting tone between contractions via palpation or intraamniotic pressure > 25 mm Hg between contractions via IUPC)
- If GBS positive or uncultured and at risk follow Intrapartum Group B Strep (GBS) Prophylaxis Order Set; may use PRN adapter if no IV access

Diet:

- Clear liquids

Nursing Orders/ Treatments:

- **Follow Care Path for Labor and Birth and initiate Labor and Birth Order Set**
- PRN adapter for IV access if no continuous intravenous infusion
- Electronic fetal heart rate monitoring - continuous:
 - Obtain 30 minute baseline strip prior to initiation of oxytocin and document fetal status.
 - Monitor FH response (baseline rate, baseline variability, accelerations, decelerations) and uterine activity (frequency, duration, intensity, resting tone); document per AWHONN/ACOG guidelines.
- Stop oxytocin infusion and notify MD if:
 - Administration of terbutaline
 - Uterine tachysystole occurs. Uterine tachysystole is defined as a persistent pattern of
 - >5 contractions in 10 minutes, averaged over 30 minutes **OR**
 - Contractions lasting 2 minutes or more, **OR**
 - Contractions of normal duration occurring within 1 minute of each other, **OR**
 - Insufficient return of uterine resting tone between contractions via palpation or intraamniotic pressure > 25 mm Hg between contractions via IUPC)
 - Intrauterine Resuscitation Techniques for Oxytocin-Induced tachysystole **Normal** FHR pattern
 - Lateral positioning
 - IV Fluid bolus with 500 ml Lactated Ringers
 - If uterine activity has not returned to normal after 10 minutes, decrease oxytocin rate by at least half; if uterine activity has not returned to normal after 10 more minutes, discontinue oxytocin until uterine activity is \leq 5 contractions in 10 minutes.

Phone/Verbal		MD		RN	
Order entered by:	Time	Non Rx Orders verified by:	Time	Rx Orders verified by:	Time



Obstetrics and Gynecology
Medications: Low-Dose Oxytocin (Pitocin) for Cervical Ripening

OS-D-OBG-15016G R 2/4/2010

patient label/ addressograph

OD0010



Nursing Orders/ Treatments:

- Intrauterine Resuscitation Techniques for Oxytocin-Inducted tachysystole **with** indeterminate/abnormal FHR changes:
 - Discontinue Oxytocin
 - Lateral positioning
 - IV Fluid bolus with 500 ml Lactated Ringers
 - Consider oxygen at 10 L/min via nonrebreather facemask
 - If no response, consider 0.25 mg Terbutaline SQ
 - Notify primary provider of actions taken and maternal-fetal response
- Notify MD if Oxytocin must be discontinued for any reason
- Maternal BP –P – R q1h x 4, then q4h if not in active labor. If in active labor follow Labor and Birth Order Set for vital sign frequency.
- Temperature q4h if membranes intact; q2h if membranes ruptured; hourly if Temp > 100.4°F or GBS+ with rupture of membranes.
- Other medications should not be given via oxytocin line, but may be given through primary line

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