

DATE: _____ TIME: _____ Sent to Pharmacy: _____

- Billing Status: Inpatient

PHARMACY/IVs:

- Oxytocin (Pitocin) 10 units in Lactated Ringers 500 ml continuous by infusion pump until discontinued. **Piggyback** oxytocin line into primary line at most proximal point to primary venipuncture site. Follow titration parameters outlined below
- Terbutaline 0.25 mg subcutaneously X 1 prn for: Uterine tachysystole with indeterminate or abnormal FHR, after intrauterine resuscitation measures
 - >5 contractions in 10 minutes, averaged over a 30 minute window **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

NURSING ORDERS/ TREATMENTS:

- **Follow Care Path for Labor and Birth and initiate Labor and Birth Order Set**
- Oxytocin Orders:
 - Start oxytocin at 2 milliunits/min and increase by 1 to 2 milliunits/min q30min until adequate progress of labor is established and/or contractions are **q2-3 minutes apart**
 - Once adequate labor is established, maintain or decrease oxytocin at increments of 1-2 milliunits/min q30min
 - An evaluation and order by the attending physician/CNM present on the unit is needed to increase beyond 20 milliunits/min.
- Electronic fetal heart rate monitoring - continuous:
 - Obtain 30 minute baseline strip prior to initiation of induction/augmentation and document fetal status.
 - Notify MD/CNM if FHR is indeterminate or abnormal
 - Monitor FH response (baseline rate, baseline variability, accelerations, decelerations) and uterine activity (frequency, duration, intensity, resting tone); document these assessments and interventions as appropriate q30 minutes or as indicated by clinical condition.
- Discontinue oxytocin infusion immediately if:
 - Uterine tachysystole occurs. Uterine tachysystole is defined as a persistent pattern of
 - >5 contractions in 10 minutes, averaged over a 30 minute window **OR**
 - Contractions lasting ≥ 2 minutes **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 an indeterminate/abnormal FHR pattern response occurs begin intrauterine resuscitation techniques as outlined below. An indeterminate/abnormal FHR pattern response may include decreased FH baseline variability, repetitive FH deceleration pattern, or abnormal baseline rate.

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



Obstetrics and Gynecology
Medications: Oxytocin (Pitocin) for Induction
or Augmentation of Labor

OS-D-OBG-15013G R 2/4/2010

patient label/ addressograph

OD0010



NURSING ORDERS/ TREATMENTS (continued):

- Intrauterine Resuscitation Techniques for Oxytocin-Induced Tachysystole with Normal FHR Pattern:
 - Lateral positioning
 - IV Fluid bolus with 500 ml Lactated Ringers
 - If uterine activity has not returned to normal after 10 - 15 minutes, decrease oxytocin rate by at least half; if uterine activity has not returned to normal after 10 -15 more minutes, discontinue oxytocin until uterine activity is no more than 5 contractions in 10 minutes
- Intrauterine Resuscitation Techniques for Oxytocin-Induced Tachysystole with indeterminate or abnormal FHR pattern
 - 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
 - Assess maternal blood pressure and if epidural-related hypotension present:
 - Position patient in side-lying position
 - Elevate legs
 - Administer fluid bolus of at least 500 ml Lactated Ringers.
 - If hypotension continues may administer ephedrine per labor and birth orderset.
- Notify MD if:
 - Oxytocin must be discontinued for any reason.
 - Terbutaline is administered
- Resumption of oxytocin after resolution of tachysystole:
 - If oxytocin has been discontinued for < 30 minutes, the FHR is reassuring and contraction frequency, intensity and duration are normal, resume oxytocin at no more than half the rate that caused the tachysystole and gradually increase the rate as appropriate based on above titration parameters.
 - If the oxytocin has been discontinued for > 30 minutes, resume oxytocin at the initial dose ordered.
- Maternal vital signs:
 - Blood pressure, pulse and respiratory rate hourly if active labor.
 - If on magnesium sulfate follow the appropriate magnesium sulfate order set.
 - For patients receiving epidural analgesia follow epidural order set.
 - 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
- Pitocin may be started 4 hours after last dose of Misoprostol.
- Pitocin may be started 30 minutes after removal of Cervidil

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