



HCA

HCA Perinatal Safety Initiative Recommended Pre-Oxytocin Checklist For Women with Term-Singleton Babies

“This Pre-Oxytocin checklist represents a guideline for care: however, individualized medical care is directed by the physician”

If the following checklist cannot be completed, Oxytocin should not be initiated

Date and time completed _____

1. Physician or Midwife Order on chart
2. Current history and physical on the chart*
3. Prenatal Record on chart*
4. Indication for induction is documented
5. Pelvis is documented by physician to be clinically adequate (should be on prenatal record)*
6. Estimated fetal weight within past week (clinical or ultrasound) less than 4500 grams in a non-diabetic woman or less than 4250 grams in a diabetic woman*
7. Gestational age documented
8. Consent signed (General L&D consent)
9. Physician with C-section privileges is aware of the induction and readily available and this is documented in the medical record
10. Status of the cervix is assessed and documented
11. Presentation is assessed and documented (physician required to come in if nurse unable to determine)
12. Fetal Assessment completed and indicates: (complete all below)
 - A minimum of 30 minutes of fetal monitoring is required prior to starting Oxytocin
 - At least 2 accelerations (15 bpm x 15 sec) in 30 minutes are present, or a biophysical profile of 8 of 10 is present within the past 4 hours or moderate variability.**
 - No late decelerations in the last 30 minutes
 - No more than 2 Variable deceleration exceeding 60 seconds and decreasing greater than 60 bpm from baseline within the previous 30 minutes prior to starting Oxytocin infusion.

*May be delayed for non-elective admissions.

** This document does not apply to a formal Oxytocin challenge test without the intent to induce or augment labor.

**There will be some situations in which alterations in management from that described in the protocol are clinically appropriate. If, after reviewing the fetal heart rate strip and course of labor the responsible physician feels that in his or her judgment, continued use of Oxytocin is in the best interest of the mother and baby, the physician should write or dictate a note to that effect and order the Oxytocin to continue. The RN will continue to provide safe, high quality nursing care.

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