



HCA

OXYTOCIN USAGE In Women with **TERM-SINGLETON BABIES**

Recommended Policy and Procedure

“This policy and procedure represent a guideline for care: however, individualized medical care is directed by the physician”

PURPOSE:

To guide the registered nurse/physician/CNM in efficiently achieving a labor pattern which produces cervical dilation, while ensuring fetal and maternal safety.

POLICY:

An obstetrical registered nurse will start induction or augmentation while monitoring labor progress and fetal well-being.

A physician who has Cesarean Section privileges is readily available.

QUALIFIED TO PERFORM:

Registered nurses who are familiar with the effects of Oxytocin and are able to identify both maternal and fetal complications may administer and monitor Oxytocin.

Staffing ratio will be consistent with Perinatal Guidelines.

CONTRAINDICATIONS INCLUDE:

1. More than 1 previous C-section
2. Prior **classical or low vertical** cesarean section, or uterine incision or surgery above the lower uterine segment.
3. Placenta Previa
4. Breech or transverse lie
5. Active genital herpes infection
6. Invasive cervical carcinoma
7. FHR tracing that does not meet checklist criteria

EQUIPMENT:

Primary IV line with 1000 mL IV solution as ordered by physician
Piggyback line of 500 mL Normal Saline with 30 units Oxytocin to run via IV Pump
Electronic Fetal Monitor
Blood pressure monitor



OXYTOCIN USAGE In Women with TERM-SINGLETON BABIES

PROCEDURE:

1. Follow Pre-Oxytocin checklist.
2. Ensure physician/CNM is aware of current patient status prior to Oxytocin administration and that a physician with C-section privileges is readily available.
3. Explain procedure to patient.
4. Obtain baseline fetal monitor strip as outlined in checklist to determine uterine contraction pattern, baseline fetal heart rate, variability, presence or absence of accelerations or decelerations.
5. Continuous fetal monitoring during the infusion of Oxytocin, consistent with checklist.
6. Perform a vaginal exam immediately prior to starting elective induction, unless exam or ultrasound done by physician within previous 4 hours.
7. Start mainline IV with the solution ordered. Run IV at ordered rate.
8. Set up IV infusion pump with 500 mL NS (normal saline) pre-mixed with Oxytocin 30 units. Rates per dosage schedule document.
9. Piggyback Oxytocin infusion into mainline IV. Use the port closest to cannula.
10. Begin infusion and increase at rate and intervals as ordered by the physician, using one of the protocols recommended in the ACOG Practice Bulletin # 49 (December 2003).
- 11. Maintain Oxytocin infusion at current rate or decrease rate when labor progress is adequate.**
12. Maximum dosage will not exceed 20 milliunits/minute without physician notification.
13. Have terbutaline sulfate 0.25 mg available.
14. Every 30 minutes, the registered nurse will complete Oxytocin In Use checklist.
15. The registered nurse may discontinue the Oxytocin infusion without a physician's order and then notify the physician if fetal heart rate becomes non-reassuring or if hyperstimulation is present.
16. If Oxytocin is discontinued for Hyperstimulation or a non-reassuring fetal heart pattern, the RN may restart the Oxytocin at ½ of previous dose at discontinuation. Oxytocin Pre Administration Checklist will then be re-initiated **starting with number 12** prior to restarting Oxytocin.

DOCUMENTATION:

Labor record

Time Oxytocin was started

Oxytocin rate in milliunits/minute

Name of physician with C-section privileges who is readily available

Pre-Oxytocin Checklist

Prior to initiation

Prior to re-starting Oxytocin



HCA

OXYTOCIN USAGE
In Women with
TERM-SINGLETON BABIES

Continued Oxytocin Checklist

Every thirty minutes until delivery

****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 he Oxytocin to continue. The RN will continue to provide safe, high quality nursing care.**

ACOG Educational Bulletin Number 49, December 2003, Induction of Labor.

FINAL: March 21, 2005