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Origination	04/2022	Owner	Jill Hughes: Dir Clinical Programs
Last Approved	04/2022	Area	Women's Center
Effective	04/2022	Applicability	INTEGRIS Health - Acute Hospitals Group
Last Revised	04/2022		
Next Review	03/2024		

Oxytocin Administration, SYS-PCS-Women's 110

1. Purpose

A. To establish guidelines for induction or augmentation of labor.

2. Policy

A. A physician's order is required.

B. Contraindications including but not limited to:

- Vasa previa or complete placenta previa
- Transverse lie or other fetal malpresentation
- Umbilical cord prolapse
- Previous classical cesarean delivery
- Active genital herpes infection
- Previous myomectomy entering the endometrial cavity
- Fetal heart rate (FHR) tracing that does not meet requirements of the Pre-Oxytocin Checklist

C. Oxytocin may not be initiated within 4 hours of a dose of Misoprostol.

D. All oxytocin inductions or augmentations must be regulated by continuous infusion pump and delivered piggyback and connected at closest port on main IV.

E. Continuous fetal monitor will be used on all patients receiving oxytocin. A baseline monitor tracing is obtained for 20 minutes before the infusion is started. The fetal heart rate tracing must be Category 1 to start oxytocin. If not a Category 1, notify physician.

F. A 1:1 or 1:2 nurse-patient ratio is desirable for patients receiving oxytocin. The acuity of the patients and level of acuity of the unit will be considered in determining appropriate

assignments.

G. Deviations from the standard induction protocol may be appropriate and will follow current American College of Obstetrics & Gynecologists recommendations.

3. SCOPE:

This policy shall apply to all INTEGRIS Health caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS Health and specifically the CMS Providers and entities listed in the Applicability section.

4. Procedure

A. Responsible Party – Labor RN

1. Admits patient per order.
2. Starts mainline IV with 18-gauge catheter, when possible, using fluids ordered by the physician.
3. Completes the Pre-Oxytocin Checklist
4. Administers IV piggyback oxytocin infusion into mainline IV at closest port to patient according to provider orders.
5. Delivers oxytocin solution via infusion pump with alarms on. Monitors and documents infusion rate.
6. Maintains continuous fetal monitoring and tocometer or intrauterine pressure catheter with documentation of fetal heart rate and uterine contractions with each dosage increase or a minimum of every 30 minutes if no change in oxytocin dosage.
7. Manually palpates abdomen to verify quality of contractions.
8. Reviews Oxytocin In-Use Checklist with each increase in oxytocin dosage, or every 30 minutes if at maintenance dose until delivery.
9. Maintain oxytocin infusion at current rate when contractions and cervical change considered adequate in consultation with supervising physician.
10. Have terbutaline sulfate 0.25mg available.
11. Notifies physician and decreases or discontinues oxytocin infusion for, but not limited to:
    a. Inability to complete oxytocin checklist.
    b. Excessive uterine activity, i.e. inadequate resting tone between uterine contractions with adverse fetal response.
    c. Tachysystole- greater than 5 uterine contractions in 10 minutes averaged over a 30-minute time, with or without fetal heart rate deceleration.
    d. If Intrauterine Pressure Catheter (IUPC) in place, Montevideo Units (MVU) greater than 300 mm Hg and/or the baseline resting tone greater than 25 mm Hg.

12. If oxytocin is decreased or stopped the Pre-Oxytocin Checklist will be reviewed before oxytocin is reinitiated.
13. If oxytocin is discontinued, it may be resumed at ½ the prior rate within 30 minutes of termination, or at the original starting rate if more than 30 minutes have passed since the time of discontinuation.

Clinical and treatment related policies, procedures and protocols are intended as guidelines. It is recognized that situations can be unique, and caregivers and health care providers are expected to follow established practice and sound clinical judgment in making decisions and practicing safety in their daily activities.

Approval Signatures

Step Description	Approver	Date

Standards

No standards are associated with this document