

Section: Division of Nursing

* PROCEDURE *

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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MATERNAL SERVICES
(Scope)

TITLE: CONTRACTION STRESS TEST (OXYTOCIN CHALLENGE TEST)

PURPOSE: To outline procedure to perform the Contraction stress test. This test evaluates FHR response to uterine contractions.

SUPPORTIVE DATA: Patient will have reassuring test and be able to continue pre-testing activities.

EQUIPMENT:

1. IV solution with oxytocin and cassette tubing.
2. IV tubing, Primary tubing, IV catheter device as ordered, and IV infuser pump
3. Fetal Monitoring system.
4. Consent for operation or special treatment as defined by provider
5. Charge form

CONTENT:

PROCEDURE STEPS

KEY POINTS

- | | |
|---|--|
| 1. Admit patient to room. Fax orders to pharmacy for profile in Pyxis. | Patient's name will be entered into QS blackboard via Cerner interface after admitting is given room number
Medical provider will give order as to dilution, rate, frequency of increase and maximum. |
| 2. Introduce yourself to patient. | Patient is considered an outpatient. |
| 3. Obtain urine specimen. | Send specimen to Laboratory. |
| 4. Have patient undress if desired and get into bed, recliner chair or rocking chair. | Put head of bed at 30° angle. |
| 5. Explain procedure to patient. | Have patient sign consent for "Oxytocin Challenge Test." Or "Contraction Stress Test" after discussion with provider |
| 6. Explain use of fetal monitor. Obtain baseline tracing for 20 minutes. | Apply monitor, instruct patient to mark fetal movement. Document admission assessment in Cerner power chart. Document assessment of FH in QS. |
| 7. Take BP and pulse and record. | automatically will record on EFM strip.. |
| 8. Start IV mainline. | |
| 9. Piggyback oxytocin solution on infuser pump at desired rate, following provider's orders for rate, frequency of increase and maximum rate. | Annotate on labor strip in QS system, making note of FH, baseline and variability, Periodic changes and contraction pattern. |

11. Administer oxytocin until 3 contractions of at least 40 seconds duration occur within a 10-minute time frame. CSTs are evaluated according to the presence or absence of late decelerations.
12. Evaluate CST as follows:
 - Negative CST:** No late or significant variable decelerations after 3 contractions of good quality lasting more than 40 seconds.
 - Positive CST (abnormal):** Late deceleration after 50% of contractions.
 - Equivocal or suspicious CST:** Intermittent, late or significant variable decelerations.
 - Equivocal-Uterine tachysystole CST:** FHR decelerations more frequent than q 2min or lasting longer than 90 seconds. Or persistent increase in uterine tone.
 - Unsatisfactory CST:** Fewer than 3 contractions per 10 minutes of quality of tracing inadequate for interpretation.A negative CST is reassuring and is associated with low fetal death rate within week of test. A positive CST requires further evaluation or birth.
13. When procedure completed, have patient dress. (If patient is to be discharged.) Discontinue IV. Patient may want to tour unit before she leaves.
14. Affix patient ID labels to all chart papers.
15. Complete change slip and place in OB tech box. Print out notes. Send to Medical Records with order sheet, consent, face sheet, and any remaining ID labels.
16. Discharge patient. Patient may leave ambulatory. Transfer patient name in Affinity into undelivered hold.

Reference:

AWHONN Perinatal Nursing, Simpson & Creehan, 2001, p 153-154
AWHONN Maternal-Newborn Nursing, Mattson and Smith, 2000 page 150-151
Maternity and Women's Healthcare, eighth edition, 2004 page 830-831.