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HACKETTSTOWN REGIONAL MEDICAL CENTER

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MATERNAL SERVICES
(Scope)

TITLE: OXYTOCIN PROCEDURE

PURPOSE: To outline procedure to provide optimum nursing care for the patient receiving oxytocin for the induction or augmentation of labor.

SUPPORTIVE DATA: See Oxytocin Administration protocol.

EQUIPMENT:

1. EFM
2. IV start kit and extension tube
3. Mainline I.V. fluids (as ordered by primary care provider).
4. Labeled IVPB fluids containing pitocin as ordered, not to exceed 30 units in 500cc I.V. fluid
5. I.V. primary pump tubing (60 drops/cc) and pump
6. Blood pressure cuff or Vital signs monitor
7. Labeled specipan

CONTENT:

PROCEDURE STEPS	KEY POINTS
1. Admit/assess patient per unit procedure.	Complete admission OB assessment in CPN charting system.
2. Explain procedure to patient; answer questions.	Scan provider's orders to Pharmacy. IV's and Pitocin infusion will be profiled in electronic MAR.
3. Apply EFM if not already being monitored. Obtain 20 minute baseline.	Chart FH, variability, episodic changes and uterine activity in CPN system.
4. Obtain baseline laboratory work, if not already drawn.	
5. Start mainline I.V. fluids as ordered per I.V. protocol to run via gravity .	Scan patient's barcoded wristband and IV fluid barcode.
6. Obtain IVPB Pitocin from pharmacy Pyxis as ordered:	Pre-mixed bags from pharmacy guarantee sterility and consistency of concentration.
a. Usually Pitocin 30 units (10,000 mU) to 500cc I.V. fluids. This results in a dosage of 1mU per ml. See addendum for alternative dosage concentrations	Mix bag well to avoid bolus dose. Scan patient's barcoded wristband and barcode on Pitocin iv bag.
b. Spike IVPB fluid container with pump tubing. Prime tubing and connect to I.V. primary pump.	
7. If no problems noted with fetal heart tracing (see Fetal Monitoring protocol), start IVPB Pitocin infusion in the following manner:	Pitocin must be started within one hour of providers' exam confirming vertex presentation.

a. Attach IVPB tubing to mainline tubing via port closest to venipuncture site.	Physician must be readily available if emergency cesarean birth is necessary. (AAP & ACOG)
b. Program pump settings according to medication and rate as ordered.	Pick oxytocin from pump's library of high risk medications, and follow pump prompts for beginning infusion.
c. Increase Pitocin rate (dosage) as ordered	Maintain continuous EFM during Pitocin infusion. Portable unit may be used. Patient's BP must be taken at each rate (dosage) increase.

DOCUMENTATION: Oxytocin administration should be documented to the oxytocin administration protocol and should include the following:

1. Pitocin dosage (rate) should be noted on labor annotations, when started and when increased or decreased.
2. Maternal vital signs should be noted on labor annotations with start of Pitocin infusion and with each increase in dose (rate.)
3. Uterine response should be annotated with each increase of Pitocin and/or every 15 minutes during labor. Include contraction frequency, duration, intensity and resting tone.
4. Fetal response should be charted on labor annotations with each increase of Pitocin and/or every 15 minutes during labor. Include fetal baseline heart rate, variability and any periodic changes.
5. Intake and output should be initiated with start of I.V. fluid therapy and maintained until post partum (discontinuance of IV therapy.) Document in CPN system including each bag of IV fluid hung and amount of each void.

ADDENDUM: A. Pitocin solution concentration: 30 units Pitocin added to 500cc I.V. fluids results in the concentration of 1 mU/ml. When infused via pump, Alternative concentrations yield the following dosages

Pitocin concentration of 10 units per 1000cc IV fluids yields 1mU/6cc
Pitocin concentration of 20 units per 1000cc IV fluids yields 1mU/3cc

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