



## Provincial Council for Maternal and Child Health *Safe Administration of Oxytocin*

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### Pre-Use Oxytocin Checklist For Low-Risk Pregnant Patients

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**If the following checklist cannot be completed, oxytocin should not be initiated.**

- Current history, physical, and perinatal record in the chart\*
- Indication for induction or augmentation with oxytocin is documented in the patient's health record.
- Patient demonstrates understanding of benefits and risks associated with oxytocin administration and verbal consent is received and documented by MRP in patient's chart.
- Patient has no contraindication for vaginal delivery.
- Unit acuity has been assessed and physician, and/or other health care team members are aware of the induction/augmentation and are readily available in the event of an emergency.
- Cervical status is assessed and documented.
- Fetal presentation is assessed and documented.
- Appropriate FHS assessment has been performed. The FHR pattern is normal, and has been documented (Prior to induction, a normal 20-minute Non-Stress Test (NST); or prior to augmentation, a normal FHR has been observed on EFM).
- Order signed and in chart.

Signature: \_\_\_\_\_ Date and Time Completed: \_\_\_\_\_

Notes: This checklist represents a guideline for care: however, individualized medical care is directed by the primary care provider. 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 tracing and course of labor the MRP feels that in his or her judgment, continued use of oxytocin is in the best interest of the mother and baby, the prescriber should write or dictate a note to that effect and order the oxytocin to continue. The nurse or midwife will continue to provide safe, high quality care.

\*May be delayed for non-elective admissions. Hospitals should obtain patient's Ontario Perinatal Record 1 and 2; however, in the event it is not available the physician/midwife should perform a thorough assessment of the patient (including collecting past clinical history and bishop scoring) to determine eligibility for oxytocin.

**Source:** Adapted from the HCA Perinatal Safety Initiative, 2009.