Provincial Council for Maternal and Child Health
building a brighter future

Hospital Name/Logo

Patient Identification

Labor and Delivery Order Set
Oxytocin Induction and Augmentation

Allergies ☐ No Known Allergies ☐ _____

Date prescribed: Month / Day / Year	**Time:** 00:00

Admission

☐ Admit to Labour and Delivery Unit under attending MRP. Refer to hospital Admission Order set.

Prior to Commencing Oxytocin:

☐ Patient consent for the administration of oxytocin for the induction or augmentation of labour is documented.
☐ Patient is examined vaginally and has a Bishop score documented.
☐ Patient has no contraindications to vaginal birth, such as placenta previa or vasa previa, prior classic uterine incision or other uterine surgeries that contraindicate attempts at vaginal delivery, and/or prolapsed cord.
☐ Continuous electronic fetal monitoring (EFM) for at least 20 minutes (to confirm a normal fetal heart rate (FHR) pattern and uterine activity (UA)). If EFM tracing is atypical or abnormal, notify the MRP immediately.
☐ 6 hours has passed since the last dose of prostaglandins gel (Prostin, Prepidil).
☐ 4 hours has passed since the last dose of misoprostol.
☐ 30mins has passed since the removal of a dinpoprostone insert (Cervidil).

Monitoring During Oxytocin Infusion:

☐ Continuous electronic fetal monitoring.
☐ Electronic fetal monitoring may be interrupted for periods of up to 30 minutes in the first stage of labour (if tracing is normal, maternal-fetal condition is stable, and the infusion rate of oxytocin has not been increased in the last 30 minutes) to allow for ambulation, personal care, and hydrotherapy.
☐ Assess and document the FHR and UA assessment findings:
  - q15 minutes during first stage of labour and before the onset of pushing in the second stage.
  - q15 minutes during active second stage, once the woman has begun pushing.
  - Maternal heart rate, respirations, and blood pressure q30min and prn. **Notify MRP if vitals outside normal limits.**
  - Maternal temperature q4h if membranes intact, q2h once membranes have ruptured and prn. **Notify MRP if temperature is greater than 38ºC.**
  - Monitor intake and output and observe for signs of water intoxication/hyponatremia (e.g., lethargy, ataxia, confusion, seizures).
  - Vaginal examination q2-4h or PRN for labour progress in the first stage.
  - Vaginal examination q1h in the active second stage.
☐ Notify MRP immediately when any signs of the following occur:
  - Atypical or abnormal FHR
  - Tachysystole (defined over 30 minutes)
  - Excessive vaginal bleeding

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Medication

- ☐ Primary IV initiated with maintenance infusion of ☐ 0.9% Sodium Chloride OR ☐ Ringers Lactate at ☐ _____ mL/hr on IV smart pump
- ☐ Oxytocin infusion 10 units in 500 mL of ☐ 0.9% Sodium Chloride **OR** ☐ Ringers Lactate on IV smart pump
  - Note: Final concentration of solution is **Oxytocin 20 milliunits/mL.**
- ☐ Piggyback oxytocin infusion onto primary IV line connected at port closest to the patient.
- ☐ Independent double check performed for initial pump set up.
- ☐ Low Dose Protocol
  - Start oxytocin infusion at ☐ **1 milliunits/minute (3 mL/hour) OR ☐ 2 milliunits/minute (6 mL/hour).**
  - Increase the rate by ☐ **1 milliunits/minute (3 mL/hour) OR ☐ 2 milliunits/minute (6 mL/hour) q 30 minutes**, as needed, until a normal uterine contraction pattern is achieved.
  - Do not exceed a rate of **12 milliunits/minute** without reassessment and/or verbal order from MRP.
  - Do not exceed a rate of **20 milliunits/minute** without a **written order from the MRP**. MRP reassessment required at 20 milliunits/minute, and if required a maximum infusion rate of 30 milliunits/minute may be ordered.

Reduce Oxytocin

- ☐ In the event of atypical FHS, reduce the oxytocin infusion rate by half or stop oxytocin infusion.
- ☐ In the event of tachystole **with a normal or atypical FHS**, **decrease oxytocin to half the rate or stop oxytocin infusion.**
- ☐ Apply intrauterine resuscitation interventions.
- ☐ Document clinical actions and notify MRP when oxytocin decreased.

Stop Oxytocin

- ☐ In the event of an abnormal FHS, **stop oxytocin immediately.**
- ☐ In the event of tachystole **with an** abnormal FHS, **stop oxytocin immediately.**
- ☐ Apply intrauterine resuscitation interventions.
- ☐ Document clinical actions and notify MRP when oxytocin discontinued.

Restart Orders

- ☐ Restart oxytocin at half the rate IF: it has been discontinued for less than 30mins, and the FHR tracing and contraction pattern are normal.
- ☐ Restart oxytocin at initial starting dose IF: it has been discontinued for 30mins or longer, the FHR tracing and contraction pattern are normal, and a complete fetal and maternal assessment has been discussed with the MRP prior to restarting.

Additional Order

_____
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Ordering MRP

Print Name: _____ Signature: _____