

# Safe Administration of Oxytocin Gap Analysis Tool



| RECOMMENDATIONS  | CURRENT STATE |               |       | ACTION (FUTURE STATE)   |
|--|---------------|---------------|-------|---|
|  | Met           | Partially Met | Unmet | What tools and strategies does your organization need to implement to meet this recommendation? |
| <b>Recommendation #1: Shared Decision Making</b>   |               |               |       |   |
| <i>Patients are provided with information to participate in shared decision-making on oxytocin induction, augmentation, and expectant management.</i>  |               |               |       |   |
| A patient-oriented fact sheet or pamphlet to summarize oxytocin use is provided to every patient being considered to start on oxytocin.  |               |               |       |   |
| Informed consent for starting oxytocin is obtained and documented by MRP upon admission and again prior to medication set-up   |               |               |       |   |
| Informed consent discussion includes, but is not limited to: <ul style="list-style-type: none"> <li>maternal and fetal indications</li> <li>benefits and risks of oxytocin administration</li> <li>benefits and risks of alternatives</li> </ul> |               |               |       |   |
| <b>Recommendation #2: Inter-Professional Team Communication</b>  |               |               |       |   |
| <i>Members of the health care team must maintain communication that is clear, direct, and respectful.</i>  |               |               |       |   |
| The hospital/unit has an escalation process, or <i>chain of command</i> protocol, in place.  |               |               |       |   |
| The hospital/unit has a standardized transfer of accountability/handover process.  |               |               |       |   |
| Ongoing inter-professional team training and skills drills are provided and supported by clinical leadership.  |               |               |       |   |
| <b>Recommendation #3: Indications for Induction or Augmentation</b>  |               |               |       |   |
| <i>The prescriber will order oxytocin for induction and/or augmentation for the appropriate indication(s).</i>   |               |               |       |   |
| Clinical decision-making tools about disagreeing with the plan of care as well as medication administration are used consistently, as required.  |               |               |       |   |
| Safety tools, such as checklists to ensure oxytocin is being used safely and for appropriate indications, are used consistently.   |               |               |       |   |
| The cervix is assessed using the Bishop score to ensure that the pregnant patient has a favourable cervix ready for oxytocin administration.   |               |               |       |   |
| <b>Recommendation #4: Professional Skills Training</b>   |               |               |       |   |
| <i>Oxytocin is prescribed and administered by a trained health care professional educated on its use, including the effects and risks of drug administration.</i>  |               |               |       |   |
| Initial and ongoing (every two years) inter-professional FHS training for all health care providers who are involved in intrapartum fetal monitoring is provided and supported.  |               |               |       |   |

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| Accessible drug information which lists onset, duration of action, administration guardrails and possible adverse effects of oxytocin administration is available for all staff.   |               |               |       |   |
| Training on the correct use of IV Smart Pumps is provided and supported for all staff.   |               |               |       |   |
| <b>Recommendation #5: Hospital Preparedness for Adverse Events</b>   |               |               |       |   |
| <i>Administration of oxytocin will occur in hospitals where interventions are readily available to manage potential adverse events.</i>  |               |               |       |   |
| The hospital is designated at an appropriate level of care and/or has timely access to the necessary resources to provide induction of labour.   |               |               |       |   |
| The hospital has policies and protocols in place to manage potential adverse events related to administration of IV oxytocin.  |               |               |       |   |
| <b>Recommendation #6: Medication Handling</b>  |               |               |       |   |
| <i>Oxytocin is stored safely and labelled appropriately.</i>   |               |               |       |   |
| Oxytocin is dispensed via a medication dispensing machine or a locked medication cart.   |               |               |       |   |
| Oxytocin is listed on the hospital's "High Alert Medication List"  |               |               |       |   |
| Standardized medication label for oxytocin is utilized, that includes the following: <ul style="list-style-type: none"> <li>Name of drug</li> <li>Units of oxytocin added to the bag</li> <li>Final concentration of oxytocin in milliunits per milliliter (mu/mL)</li> <li>Date of bag preparation</li> <li>Initials of staff member preparing the bag</li> <li>Initials of staff member preparing and performing the independent double check of preparation.</li> </ul> |               |               |       |   |
| Tubing and infusion pumps are labelled in a standard and consistent manner.  |               |               |       |   |
| <b>Recommendation #7: Standard Use of Oxytocin</b>   |               |               |       |   |
| <i>Each hospital will use a standardized oxytocin protocol and order set.</i>  |               |               |       |   |
| The hospital has standardized order sets in place and that are consistently used.  |               |               |       |   |
| The standardized order sets include emergency procedures such as providing intrauterine resuscitation during infusion or using rescue agents during adverse events.  |               |               |       |   |

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| <b>Recommendation #8: Independent Double-Check &amp; Smart Pump Use</b>   |               |               |       |   |
| <i>Independent double check to be obtained in preparing the medication and setting the initial pump infusion rate via a Smart Pump.</i>   |               |               |       |   |
| The hospital has a double check algorithm in place that is consistently used, which includes verification of the following: <ul style="list-style-type: none"> <li>• Correct patient</li> <li>• Correct initial order</li> <li>• Correct preparation of infusion</li> <li>• Correct labeling of infusion bag</li> <li>• Correct initial infusion pump settings and ensuring it is to the closest port.</li> </ul> |               |               |       |   |
| Initial and ongoing staff training is provided and supported for implementation of the independent double check.  |               |               |       |   |
| <b>Recommendation #9: Low-Dose Regimen</b>  |               |               |       |   |
| <i>Hospitals administering oxytocin for the purpose of augmentation and induction will follow a low-dose regimen.</i>   |               |               |       |   |
| The hospital implements a low-dose oxytocin regimen/protocol to promote safe administration of oxytocin.  |               |               |       |   |
| <b>Recommendation #10: Stopping &amp; Re-Starting Oxytocin Administration</b>   |               |               |       |   |
| <i>Health care providers are to be aware of when to stop, reduce and safely restart oxytocin administration.</i>  |               |               |       |   |
| Initial and ongoing training on when to stop, reduce and safely restart oxytocin is provided to the appropriate health care providers.  |               |               |       |   |
| The MRP completes an in-person assessment before oxytocin is administered.  |               |               |       |   |
| Rationale for initiating, increasing, reducing and stopping oxytocin are clearly documented by the administering health care provider.  |               |               |       |   |
| <b>Recommendation #11: Patient Support in Labour</b>  |               |               |       |   |
| <i>Pregnant patients in labour receiving an oxytocin infusion will receive continuous one-to-one care by a registered health care professional for support, advocacy, comfort measures, and monitoring.</i>   |               |               |       |   |
| Patients receiving oxytocin consistently have one-to-one (1:1) midwife or nurse-to-patient care for continuous support and monitoring in labour.  |               |               |       |   |