| **RECOMMENDATIONS** | **CURRENT STATE** | **ACTION (FUTURE STATE)** |
| --- | --- | --- |
| **Met** | **Partially Met** | **Unmet** | *What tools and strategies does your organization need to implement to meet this recommendation?*  |
| **Recommendation #1: Shared Decision Making** |
| *Patients are provided with information to participate in shared decision-making on oxytocin induction, augmentation, and expectant management.* |
| 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:* maternal and fetal indications
* benefits and risks of oxytocin administration
* benefits and risks of alternatives
 |  |  |  |  |
| **Recommendation #2: Inter-Professional Team Communication** |
| *Members of the health care team must maintain communication that is clear, direct, and respectful.* |
| The hospital/unit has an escalation process, or *chain of command* 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. |  |  |  |  |
| **Recommendation #3: Indications for Induction or Augmentation** |
| *The prescriber will order oxytocin for induction and/or augmentation for the appropriate indication(s).* |
| 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.  |  |  |  |  |
| **Recommendation #4: Professional Skills Training** |
| *Oxytocin is prescribed and administered by a trained health care professional educated on its use, including the effects and risks of drug administration.* |
| 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. |  |  |  |  |
| 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. |  |  |  |  |
| **Recommendation #5: Hospital Preparedness for Adverse Events** |
| *Administration of oxytocin will occur in hospitals where interventions are readily available to manage potential adverse events.* |
| 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. |  |  |  |  |
| **Recommendation #6: Medication Handling** |
| *Oxytocin is stored safely and labelled appropriately.* |
| 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:* Name of drug
* Units of oxytocin added to the bag
* Final concentration of oxytocin in milliunits per milliliter (mu/mL)
* Date of bag preparation
* Initials of staff member preparing the bag
* Initials of staff member preparing and performing the independent double check of preparation.
 |  |  |  |  |
| Tubing and infusion pumps are labelled in a standard and consistent manner. |  |  |  |  |
| **Recommendation #7: Standard Use of Oxytocin** |
| *Each hospital will use a standardized oxytocin protocol and order set.* |
| 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. |  |  |  |  |
| **Recommendation #8: Independent Double-Check & Smart Pump Use** |
| *Independent double check to be obtained in preparing the medication and setting the initial pump infusion rate via a Smart Pump.* |
| The hospital has a double check algorithm in place that is consistently used, which includes verification of the following:* Correct patient
* Correct initial order
* Correct preparation of infusion
* Correct labeling of infusion bag
* Correct initial infusion pump settings and ensuring it is to the closest port.
 |  |  |  |  |
| Initial and ongoing staff training is provided and supported for implementation of the independent double check.  |  |  |  |  |
| **Recommendation #9: Low-Dose Regimen**  |
| *Hospitals administering oxytocin for the purpose of augmentation and induction will follow a low-dose regimen.* |
| The hospital implements a low-dose oxytocin regimen/protocol to promote safe administration of oxytocin. |  |  |  |  |
| **Recommendation #10: Stopping & Re-Starting Oxytocin Administration** |
| *Health care providers are to be aware of when to stop, reduce and safely restart oxytocin administration.* |
| 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 administrating health care provider. |  |  |  |  |
| **Recommendation #11: Patient Support in Labour** |
| *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.* |
| Patients receiving oxytocin consistently have one-to-one (1:1) midwife or nurse-to-patient care for continuous support and monitoring in labour.  |  |  |  |  |