



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

HPHA OXYTOCIN INDUCTION/AUGMENTATION – 20 UNITS ORDER SET

VITALS/MONITORING:

- Continuous electronic fetal monitoring augmentation
- Continuous electronic fetal monitoring (EFM) for at least 20 minutes to confirm normal fetal heart rate (FHR) pattern and uterine activity. If EFM tracing atypical or abnormal, notify MRP immediately
- EFM may be interrupted for periods up to 30 minutes with FHR and contraction assessment q15 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.
- Resume continuous EFM immediately if any atypical or abnormal Fetal Heart findings.

LINES/TUBES:

- Initiate 18G IV and infuse Lactated Ringers at 100 mL per hour (primary line)

MEDICATIONS:

- DECREASE oxytocin infusion rate by half and notify MRP immediately when any signs of the following occur:
 - Atypical FHS rate or pattern
 - Excessive Uterine Activity (prolonged uterine contraction lasting greater than 90 seconds)
 - Tachysystole (defined over 30 minutes)
 - Inadequate resting tone
- STOP oxytocin infusion, place woman on left side, notify MRP and prepare for pelvic exam if:
 - Abnormal FHS rate or pattern
 - Excessive vaginal bleeding
- Oxytocin 20 units IV in Lactated Ringers 1000 mL (final concentration: 20 milliunits per mL)
 - Piggyback onto primary IV line by connecting to port closest to the patient
- Start oxytocin infusion at _____ mL per minute
- Increase oxytocin infusion rate by _____ milliunits per minute Q30MIN PRN, to produce contractions Q2-3MIN lasting 45-60 seconds, to a maximum of 20 milliunits per minute.
 - If contractions inadequate at 20 milliunits per minute, contact MRP for possible further rate increase.

Dose (milliunit per minute)	Rate (mL per hour)
1	3
2	6
3	9
4	12
5	15
6	18
7	21
8	24
9	27
10	30
11	33
12	36
13	39
14	42
15	45

Dose (milliunit per minute)	Rate (mL per hour)
16	48
17	51
18	54
19	57
20	60
21	63
22	66
23	69
24	72
25	75
26	78
27	81
28	84
29	87
30	90

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PLEASE STAMP BELOW

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OTHER ORDERS:

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Practitioner Printed Name	Practitioner Signature	Date	Time