

**OXYTOCIN (PITOCIN™) INFUSION - ICU/Labor and Delivery**

- PURPOSE:** To outline the management of intrapartum patients receiving an oxytocin infusion.
- SUPPORTIVE DATA:** Oxytocin is administered via controlled IV infusion to stimulate uterine contractions. Oxytocin is used to initiate or augment labor to effect cervical change and fetal descent, while avoiding uterine tachysystole and fetal hypoxemia.
- The Registered Nurse may infuse oxytocin but fetal monitoring interpretation is done by a provider or licensed nursing personnel trained in fetal monitoring interpretation.
- Long-term infusion increases risk of postpartum hemorrhage.
- ASSESSMENT:**
1. Assess for the following prior to and throughout the administration of oxytocin:
    - Variability or alterations in fetal heart rate (FHR) patterns
      - DO NOT start an oxytocin infusion if a contraindication to vaginal delivery, recurrent fetal heart rate decelerations, or category III FHR tracing (FHRT) is present.
    - Uterine contractions:
      - Presence/absence
      - Duration
      - Frequency
      - Intensity
  2. Assess maternal vital signs every hour.
  3. Assess comfort level and perform the following as indicated:
    - Support and encourage relaxation & breathing techniques
    - Administer pain medication as ordered
    - Assist with epidural placement
  4. Monitor intake and output every 6 hours (Labor and Delivery), a minimum of every 2 hours (ICU).
- ADMINISTRATION:**
5. Administer oxytocin infusion as ordered. Use pre-established oxytocin titration. (See attached table)
    - Begin infusion at 2 milliunit/min
    - Increase oxytocin dosage no more than once every 30 minutes until adequate labor pattern is established:
      - Uterine contractions (UC) every 2-3 minutes
      - Duration 50-60 seconds
      - Moderate intensity measured by palpation/patient description, or at least 50 mmHg by intrauterine pressure catheter (IUPC)
    - Decrease oxytocin no more than once every 30 minutes when the following occur:
      - Adequacy of contraction pattern has been achieved
      - Patient has demonstrated progressive cervical dilation
  6. Piggyback oxytocin into I.V. line at port nearest to insertion site.
  7. Administer via infusion pump.
- DISCONTINUING INFUSION:**
8. Discontinue the oxytocin infusion for the following:
    - Uterine tachysystole
    - Prolonged, recurrent fetal heart rate decelerations, category III FHRT
    - Inability to obtain continuous electronic fetal monitoring
  9. Notify physician or certified nurse midwife of discontinuation of oxytocin infusion.
- RESUMING INFUSION:**
10. Collaborate with provider for resumption of infusion.
  11. Resume a temporarily discontinued oxytocin infusion as ordered. Use the table as a Guideline.
- SAFETY:**
12. Obtain provider's order for dose exceeding 32 milliunits/min.

13. Position patient to avoid supine hypotension:
- Maintain in side-lying or upright position and support with pillows for comfort
  - When patient must recline in a supine position, provide a wedge under the right hip

REPORTABLE  
CONDITIONS:

14. Notify provider for:
- Recurrent variable, late FHR decelerations, prolonged FHR deceleration, minimal, absent variability
  - Absence of uterine contraction
  - Uterine tachysystole
  - Deterioration of maternal vital signs from baseline
  - Discontinuation of oxytocin

PATIENT/ FAMILY  
TEACHING:

15. Instruct on the following:
- Purpose of infusion
  - Absence of uterine contractions

ADDITIONAL  
STANDARDS:

16. Refer to the following as indicated:
- Electronic Fetal Monitoring
  - Intravenous Therapy
  - Pain Management
  - Physiologic Monitoring/Hygiene/Comfort – ICU

DOCUMENTATION: 17. Document in accordance with “documentation” standards.

Initial date approved: 12/00	Reviewed and approved by: Professional Practice Committee Pharmacy & Therapeutics Committee Nurse Executive Committee Attending Staff Association Executive Committee	Revision Date: 03/05, 08/15, 6/20
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## OXYTOCIN TITRATION TABLE

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<b>DOSE milliunits/min</b>	<b>To Resume after Temporary Discontinuation</b>	
	<b>After 20 minutes milliunits/min</b>	<b>After 1 hour</b>
2	2	Start a 2 milliunits/min and titrate as necessary
4	2	
6	2	
8	4	
10	4	
12	6	
16	8	
20	10	
24	12	
28	12	
32	16	

† Standard concentration is oxytocin 20 units/L.