



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

oxytocin
(labour induction/augmentation)



Effective Date: Sept. 2012	CLASSIFICATION Oxytocic	OTHER NAMES Syntocinon	PAGE 1 of 2
Revised Date: January 2025			

ADMINISTRATION POLICY:

IV Infusion – **Restricted to nurses in Obstetrics who have received education in oxytocin administration for labour induction/augmentation**

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 10 units/mL – 1 mL ampoule

IV infusion: Dilute 30 units (3 mL) in 500 mL normal saline
Final volume: 503 mL Final concentration: 0.06 units/mL

IV Infusion: Pump Library:

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mL/h	oxytocin	General

All oxytocin infusions must be controlled by an infusion pump.

DOSAGE: Refer to titration dosing table below

Usual: Initiate infusion at 1 to 4 milliunit/min according to SOGC dosing protocol
Rate of infusion to be increased every 30 minutes until contraction are evident

Grand multiparity: Initiate at 0.3 mL/hour (0.3 milliunits/minute)

Maximum dose: 25 milliunits/minute (unless higher dose specifically ordered by physician)

Maximum concentration: 60 milliunits/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature


Compatibility: Compatible with normal saline, combination dextrose-saline solutions, Lactated Ringer
Compatible with D5W (not recommended due to increased potential for maternal hyponatremia)

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Uterine hyperstimulation
- Water intoxication: Headache, nausea, vomiting, mental confusion, decreased urinary output, decreased blood pressure, increased heart rate and arrhythmias
- Uterine rupture: Abdominal pain, hypotension, tachycardia, increased vaginal bleeding, shock

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dosages of oxytocin above 20 milliunits/minute over a prolonged period (more than 24 hours) can lead to water intoxication. In situations of gestational hypertension with proteinuria, water intoxication can occur earlier.
- Grand multiparous patients will have their oxytocin initiated at 0.3 milliunits/minute. They will have their oxytocin infusion increased by 1 milliunit/minute every 30 minutes thereby **NOT** exceeding an increase of 2 milliunits per minute every hour.
- If the infusion is stopped it may be started again, within 30 minutes, at half the previous dosage. If it has been more than 30 minutes, the infusion should be initiated at the beginning dose.

REGIONAL ADULT PARENTERAL DRUG MONOGRAPH		
GENERIC NAME oxytocin (labour induction/augmentation)		
Effective Date: Sept. 2012 Revised Date: January 2025	CLASSIFICATION Oxytocic	OTHER NAMES Syntocinon
		PAGE 2 of 2

oxytocin IV infusion dosing table

Note: A pump infusion rate of 1 mL/hour equals 1 milliunit/minute

30 units in 500 mL normal saline	
milliunits/minute	mL/hour
0.3	0.3
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
Requires further physician orders	
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33