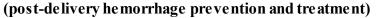


REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

oxytocin





Effective Date: Oct. 2012 CLASSIFICATION OTHER NAMES PAGE

Oxytocic Syntocinon

1 of 1

ADMINISTRATION POLICY:

IV Infusion — May be administered by a nurse IV Bolus — May be administered by a nurse IM (preferred) — May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 10 units/mL - 1 mL ampoule

IM (preferred): Administer undiluted.

IV Bolus: Administer undiluted over 1 to 5 minutes

IV infusion: Dilute 20 units (2 mL of 10 unit/mL) OR 40 units (4 mL of 10 unit/mL) in 1000 mL

normal saline.

DOSAGE:

Usual: IV Bolus: 5 to 10 units

IM: 5 to 10 units

IV infusion: 2.5 to 5 units/hour, adjusting dose as necessary to maintain uterine

contraction and control uterine atony. Administer over 100 to 150

mL/hour

Maximum rate: IV Bolus: over 1 minute

over 5 minutes for patients with cardiovascular risk factors

IV Infusion: 20 units/hour (up to 40 units/hour may be required for heavy bleeding)

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, 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