REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

oxytocin

(post-delivery hemorrhage prevention and treatment)

HIGH ALERT DOUBLE CHECK

Effective Date: Oct. 2012 **Revised Date:** September 2022	CLASSIFICATION **Oxytocic**	OTHER NAMES **Syntocinon**	PAGE 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