Pre-Use Oxytocin Safety Checklist

If the following checklist cannot be completed, oxytocin should not be initiated.

- ☐ Current history, physical, and perinatal record in the chart.
- ☐ Indication for induction or augmentation with oxytocin is documented in the patient's health record.
- ☐ Patient demonstrates understanding of benefits and risks associated with oxytocin administration and verbal consent is received and documented by MRP in patient's chart.
- ☐ Patient has no contraindication for vaginal delivery.
- ☐ Unit acuity has been assessed and physician, and/or other health care team members are aware of the induction/augmentation and are readily available in the event of an emergency.
- ☐ Cervical status is assessed and documented.
- ☐ Fetal presentation is assessed and documented.
- ☐ Appropriate fetal health surveillance (FHS) assessment has been performed. The fetal heart rate (FHR) pattern is normal, and has been documented (prior to induction, a normal 20-minute Non-Stress Test (NST); or prior to augmentation, a normal FHR has been observed on electronic fetal monitoring (EFM)).
- ☐ Order signed and in chart.

Notes:

1. Low-Risk Pregnant Patients – this checklist was developed to support the safe management of pregnant patients whose labour is induced or augmented with oxytocin and focuses on low-risk patients with a singleton, cephalic, term pregnancy. It may also be applicable to patients outside of this definition.
2. This may be delayed for non-elective admissions – hospitals should obtain the patients Perinatal Record; however, in the event it is not available, the physician/midwife should perform a thorough assessment of the patient (including collecting past clinical history and Bishop score) to determine eligibility for oxytocin.

This checklist represents a guideline for care: however, individualized medical care is directed by the primary care provider.

Source – adapted from the HCA Healthcare Perinatal Safety Initiative, Pre-Oxytocin Checklist, 2009.

In-Use Oxytocin Safety Checklist

This checklist should be successfully completed every 30 minutes (+/- 5min) while oxytocin is in use.

If this checklist cannot be completed, oxytocin must be decreased or stopped

☐ **Continuous Electronic Fetal Monitoring (EFM) Assessment shows:**

Normal EFM tracing for the last 30 minutes including

- Baseline between 110 – 160 bpm

Normal Contraction pattern

- No more than 5 contractions in a 10-minute window, averaged over 30 minutes.
- No contraction with a duration greater than 90 seconds.
- Uterus palpates soft between contractions for a minimum of 30 seconds.
- If an intrauterine pressure catheter (IUPC) is in place, measured uterine resting tone is less than 25 mm Hg for at least 30 seconds between each contraction.

In Addition, use caution and decrease or stop oxytocin if

- One, 15-minute segment of the EFM is Atypical.
- One 1 late deceleration occurred within the previous 30 minutes.
- 2 complicated variable decelerations occurred within the previous 30 minutes.

Notes:

1. This checklist was developed to support the safe management of pregnant patients whose labour is induced or augmented with oxytocin and focuses on low-risk patients with a singleton, cephalic, term pregnancy. It may also be applicable to patients outside of this definition.
2. This checklist represents a guideline for care; however, individualized medical care is directed by the primary care provider. If oxytocin is stopped, the pre-oxytocin checklist should be reviewed before oxytocin is restarted.

Source – adapted from the HCA Healthcare Perinatal Safety Initiative, Oxytocin "In Use" Checklist, 2009