

OB/GYN HIGH DOSE OXYTOCIN ADMINISTRATION PLAN

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vital Signs

Per Unit Standards

Patient Activity

Up Ad Lib/Activity as Tolerated

Bedrest

Bedrest | Bathroom Privileges

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Not safe for use in the THIRD trimester

oxytocin

10 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

oxytocin

20 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

oxytocin

30 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

At this point, if no Foley, allow the patient 30-60 minutes to void. If poor output, do not proceed. If adequate urinary output, proceed as follows:

oxytocin

40 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

oxytocin

50 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

oxytocin

60 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

Stop for void. If tolerated proceed with:

oxytocin

80 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

oxytocin

100 units, IVPB, ivpb, ONE TIME, x 100 min
Mix in 100 mL NS and infuse at rate of 1 mL/min

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>oxytocin</p> <p><input type="checkbox"/> 120 units, IVPB, ivpb, ONE TIME, x 100 min</p> <p>Mix in 100 mL NS and infuse at rate of 1 mL/min</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

