

**Oxytocin (Pitocin) Challenge
Test Preprinted Orders**

Original Date	06/2008	Revision Date	02/2010	Withdrawn Date	
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Admission Diagnosis: _____

1. External Electronic Fetal Monitor (US and TOCO)
2. Perform a non-stress/contraction stress test. If non-reactive do not proceed, notify MD
3. Establish IV of 1000 ml Lactated Ringers using an #18 needle at TKO
4. Perform Baseline Cervical Check with Bishop Score

Pharmacy Orders

1. 20 Units of Pitocin (Oxytocin) in 1000ml NS and piggyback this to main IV port proximal to patient. Have Terbutaline 0.25 mg available to give subcutaneously, for hyper stimulation if ordered by the physician.
2. Begin Pitocin infusion via volume controlled pump at 0.5 milliUnits / minute and increase every 15 minutes per table below.
3. Continue infusion rate increase until 3 contractions each lasting 40 to 50 seconds occur in a 10 minute period.
4. Oxytocin is discontinued when:
 - a. If no response occurs when levels reach 10 milliUnits / min or
 - b. Repetitive late decelerations occur
 - c. Test contraction parameters have been met
 - d. Non-reassuring FHT pattern

POC Conversion			
0.5 milliUnits / min	= 30 milliUnits / hr	= 1.5 ml / hr	= 0.03 units / hr
1 milliUnits / min	= 60 milliUnits / hr	= 3 ml / hr	= 0.06 units / hr
2 milliUnits / min	= 120 milliUnits / hr	= 6 ml / hr	= 0.12 units / hr
3 milliUnits / min	= 180 milliUnits / hr	= 9 ml / hr	= 0.18 units / hr
4 milliUnits / min	= 240 milliUnits / hr	= 12 ml / hr	= 0.24 units / hr
5 milliUnits / min	= 300 milliUnits / hr	= 15 ml / hr	= 0.30 units / hr
6 milliUnits / min	= 360 milliUnits / hr	= 18 ml / hr	= 0.36 units / hr
7 milliUnits / min	= 420 milliUnits / hr	= 21 ml / hr	= 0.42 units / hr
8 milliUnits / min	= 480 milliUnits / hr	= 24 ml / hr	= 0.48 units / hr
9 milliUnits / min	= 540 milliUnits / hr	= 27 ml / hr	= 0.54 units / hr
10 milliUnits / min	= 600 milliUnits / hr	= 30 ml / hr	= 0.60 units / hr

5. Communicate and review with the physician maternal and fetal status as condition indicates and/or when testing is complete.

Physician Signature

____/____/____ :____
Date Time

PATIENT STICKER