

Uterine Tachysystole Clinical Protocol

Tachysystole is defined as

- > 5 contractions in 10 minutes over a 30 minute window of time OR
- Contraction every 1-2 minutes of normal duration OR
- Contraction lasting greater than 120 seconds

Oxytocin-induced Tachysystole Normal Fetal Pattern

- Maternal repositioning
- IV fluid bolus of approximately 500 mL of Isolyte
- If uterine activity has not returned to normal after 10 minutes, decrease oxytocin to at least half
- If uterine activity has not returned to normal after 10 more minutes, discontinue oxytocin until uterine activity is less than 5 contraction in 10 minutes

Oxytocin Induced Tachysystole Indeterminate Fetal Heart Tracing

- Decrease oxytocin
- Interventions based on EFM tracing
- Maternal repositioning
- IV bolus of approximately 500 mL Isolyte
- Consider oxygen at 10L/minute via non-rebreather facemask if the first interventions mentioned do not resolve the indeterminate tracing
- Notify physician/provider of actions and response

Oxytocin Induced Tachysystole- Abnormal FHR

- Discontinue oxytocin
- Maternal repositioning
- IV bolus of approximately 500 mL Isolyte
- Consider oxygen at 10L/minute via non-rebreather facemask if the first interventions mentioned do not resolve the indeterminate or abnormal FHR pattern
- If no response, 0.25 mg Terbutaline subcutaneous
- Notify physician/provider of actions and response

Non Oxytocin Induced Tachysystole

- Maternal repositioning
- IV fluid bolus of 500 mL of Isolyte

Resumption of Oxytocin after resolution of Tachysystole

- If oxytocin has been discontinued for less than 30 minutes, the FHR is Category I and contraction frequency, intensity and duration are normal you may resume oxytocin at no more than half the rate that caused the Tachysystole.
- If oxytocin is discontinued for more than 30 minutes, re-initiate oxytocin protocol from the beginning

Physician/Provider Notification

If uterine activity and/or the FHR pattern has not returned to normal after initiating the interventions, notify provider

Adapted from:

Simpson KR. and Knox, Eric MD. Oxytocin as a High-Alert Medication: Implications for Perinatal Safety. MCN January/February 2008. Vol. 34 #1 p 8-17.