

ATTACHEMENT F

In-Use Oxytocin Checklist

<p>Assess and document that all the In-Use Oxytocin Checklist criteria have been <u>met</u> / <u>not met</u> every 30 minutes and with each change in Oxytocin rate. (Refer to Oxytocin Protocol when criteria not met.)</p> <p>Increase the Oxytocin infusion rate only if:</p> <p>a.FHR assessment criteria have been met</p> <p>b.Uterine contraction assessment criteria have been met</p>				
Y	N		Initials	Comments
		<p>All FHR Assessment criteria met</p> <p>Criteria include:</p> <p><input type="checkbox"/> At least 1 acceleration of 15 bpm x 15 seconds in 30 minutes, or moderate variability for 10 of the previous 30 minutes.</p> <p><input type="checkbox"/> No more than 1 late deceleration occurred in previous 30 minutes.</p> <p><input type="checkbox"/> No more than 2 variable decels greater than 60 sec. And less than 60 bpm below baseline within the last 30 minutes.</p>		
		<p>All Uterine Assessment Criteria met</p> <p>Criteria include:</p> <p><input type="checkbox"/> No more than 5 UC's in 10 minutes averaged over 30-minute window.</p> <p><input type="checkbox"/> No more than 2 UC's lasting longer than 120 sec.(2 minutes) within the last 30 minutes.</p> <p><input type="checkbox"/> Uterus palpates soft between UC's.</p>		
<p>Criteria Met/Not Met (<i>Documentation should be completed by the physician/CNM if the criteria are not met and physician/CNM decides to continue with induction or augmentation.</i>)</p>				
		Checklist Criteria met		
		Checklist Criteria <u>not</u> met		
<p>Nurse signature _____ Date/Time _____</p>				