

Oxytocin-Induced Tachysystole Management Algorithm (7.1.15)

Administer Oxytocin drip as ordered by provider to achieve cervical dilation and adequate contraction pattern while maintaining a normal FHR pattern

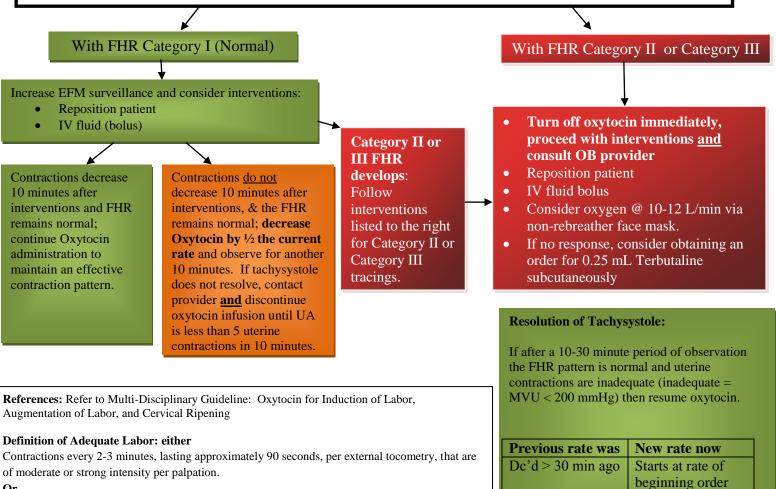
Contraction patterns requiring nursing action (when averaged over a 30 minute window)*: Tachysystole is defined by NICHD as:

More than 5 contractions in 10 minutes over a 30 minute window

- Other abnormal uterine contraction patterns that are of concern:
 - A series of single contractions lasting 2 minutes (120 seconds) or more**
 - Contractions of normal duration (60 seconds) occurring within one minute of each other •
 - Insufficient return of uterine resting tone between contractions via palpation or IUPC pressure above 25 mmHg
 - MVU >300

*Excessive oxytocin and oxytocin receptor site desensitization should guide clinicians to reduce the rate or discontinue oxytocin until uterine activity returns to normal.

** If there is a series of single contractions lasting 2 minutes (120 seconds) that occur remote from delivery before the active phase of labor, and there is no maternal discomfort, these do not require intervention and oxytocin can be increased to achieve adequate labor pattern.



Or

With an IUPC in place, contraction strength demonstrates a minimum of 200-220 Montevideo Units (MVUs) per 10 minute interval and does not exceed 300 MVUs with resting tone ≤ 25 mmHg and \geq 50 mmHg contraction intensity.

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 $Dc'd < 30 \min ago$

Starts at half the

previous rate