



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.

With FHR Category I (Normal)

Increase EFM surveillance and consider interventions:

- Reposition patient
- IV fluid (bolus)

Contractions decrease 10 minutes after interventions and FHR remains normal; continue Oxytocin administration to maintain an effective contraction pattern.

Contractions do not decrease 10 minutes after interventions, & the FHR remains normal; **decrease Oxytocin by 1/2 the current rate** and observe for another 10 minutes. If tachysystole does not resolve, contact provider **and** discontinue oxytocin infusion until UA is less than 5 uterine contractions in 10 minutes.

Category II or III FHR develops: Follow interventions listed to the right for Category II or Category III tracings.

With FHR Category II or Category III

• **Turn off oxytocin immediately, proceed with interventions and consult OB provider**

- Reposition patient
- IV fluid bolus
- Consider oxygen @ 10-12 L/min via non-rebreather face mask.
- If no response, consider obtaining an order for 0.25 mL Terbutaline subcutaneously

Resolution of Tachysystole:

If after a 10-30 minute period of observation the FHR pattern is normal and uterine contractions are inadequate (inadequate = MVU < 200 mmHg) then resume oxytocin.

Previous rate was	New rate now
Dc'd > 30 min ago	Starts at rate of beginning order
Dc'd < 30 min ago	Starts at half the previous rate

References: Refer to Multi-Disciplinary Guideline: Oxytocin for Induction of Labor, Augmentation of Labor, and Cervical Ripening

Definition of Adequate Labor: either
Contractions every 2-3 minutes, lasting approximately 90 seconds, per external tocometry, that are of moderate or strong intensity per palpation.

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 ≥ 50 mmHg contraction intensity.