

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**OB Oxytocin Challenge Test**

**Version 2 7/8/2014**

**Patient Placement**

Patient Status

- Outpatient

Preferred Location/Unit

- Obstetrics

**Nursing Orders**

- Patient positioning - Left lateral position, right hip elevated approximately 10 cm or 30 degrees semi-Fowler
- Perform electronic fetal monitoring - for 20 minutes AND continue for 30 minutes after start of pitocin infusion
- If no regular contractions or late decelerations present then start pitocin
- Stop pitocin if late decelerations occur

Notify provider

- WHEN OCT (Oxytocin Challenge Test) complete of test findings

**IV Placement**

- Peripheral IV insert/maintain

**Medications**

Parturifacient Agents: Oxytocics

oxytocin in lactated ringers 20 unit/1,000 mL IV (PITOCIN)

- 2 milliunits/minute intravenously Increase at 30 minute intervals to obtain every 2-3 minute contractions by using the following doses: 2, 4, 8, 12, 16, 20, 24, 28, 30 milliunits/minute

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_