

(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 Pitocin/ Labor Augmentation

Version 3 7/8/2014

Activity

- Bed rest with bathroom privileges
- Other _____

Nursing Orders

- Follow induction guidelines
- Other _____

IV Placement

- Peripheral IV insert/maintain if not already started

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 (MAX _____ milliunits/minute)
- 2 milliunits/minute intravenously Increase at 30 minute intervals to obtain every 2-3 minute contractions by using the following doses: 2, 6, 10, 14, 18, 22, 26, 30 milliunits/minutes (MAX _____ milliunits/minute)
- 2 milliunits/minute intravenously Increase at 30 minute intervals to obtain every 2-3 minute contractions by using the following doses: 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30 milliunits/minute (MAX _____ milliunits/minute)

Provider Signature: _____ Date: _____ Time: _____