MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE

LOCAL FORM TITLE *(Optional)*

DATE/TIME			MO: TO INITIATE ORDER CIRCLE THE NUMBER		
START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE SIGNATURE
			INDUCTION/AUGMENTATION (circle one)		
		1.	Primary IV of LR @ 125 ml/hr.		
		2.	Add 6 units Oxytocin (Pitocin) to 100 ml LR. Run as secondary line via infusion pump:		
			Oxytocin (Pitocin)in mU/min 6 units/100ml		
			1 mU/min 1 ml/hour		
		3.	Begin Oxytocin (Pitocin) infusion at 2 mU/min		
		4.	Increase dosage every 20 minutes in increments of 2 mU/min		
			ALTERNATE DOSING SCHEDULE		
		5.	Begin at _____ mU/minute		
		6.	Increase by ____mU/minute every _____ minutes		
		7.	Initiate continuous EFM to establish reassuring fetal status.		
		8.	Evaluate and document fetal heart rate every 15 minutes.		
		9.	If Oxytocin (Pitocin) dose has not been increased, and for stable patients with reassuring fetal status, FHR may be documented every 30 minutes		
		10.	Titrate infusion until contractions occur with a frequency of Q 2-3 minutes, duration of > 50 seconds and are of firm/strong quality (Montevideo Units 180 – 250 per 10 minutes).		
		11.	Notify MO/CNM once a stable dose of Oxytocin (Pitocin) is reached per order #11		
		12.	Once 20 mU/min is reached, notify the MO/CNM to evaluate patient and obtain further orders to increase infusion. Repeat at 30 mU/min.		
		13.	For concerns of uterine tachysystole or non-reassuring fetal status, may decrease Oxytocin (Pitocin) dose or discontinue Oxytocin (Pitocin) infusion. Contact MO/CNM immediately for further orders.		

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
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