Oxytocin infusion regime

Dilute 10 units of oxytocin to 50 ml sodium chloride 0.9%w/v and run through a syringe driver at the following rates.

Low dead space extension sets should be used to reduce drug retention. Dead space volume should be known and documented (varies by tubing type, typically 1-3ml). The giving set and adapter must be primed with the oxytocin infusion before attaching it to the woman or birthing person to remove the 'dead space' in the line and ensure the correct dose of oxytocin is provided. Dedicated infusion lines for oxytocin should be used to prevent residual medication from being flushed into circulation when changing fluids. Dead space in the IV cannula adds:

Grey 0.24ml = 48 minutes (variation 42 - 54 minutes)
Green 0.19ml = 38 minutes (variation 32 - 44 minutes)
Pink 0.17ml = 34 minutes (variation 28 - 40 minutes)

Commence infusion at 0.6 mls per hour.

- In order to take account of the dead space in the iv cannula, increase the infusion rate after **45 minutes for the first dose, then every 30 minutes** until contractions are 3-4 in 10 minutes.
- Where contractions exceed 4 in 10 minutes, reduce oxytocin, inform labour ward co-ordinator and consider tocolysis using terbutaline 250 micrograms subcutaneously. Terbutaline PGD
- if regular contractions not established after a total 5 units, stop induction attempt (may be repeated next day starting again at 1–4 milliunits/minute).

Infusion rate	Infusion rate milliunits per min
Run first dose for 45 minutes to allow for dead space in cannula.	
0.6ml/hr	2
Increase the infusion rate every 30 minutes until regular contractions achieved.	
1.2ml/hr	4
2.4ml/hr	8
3.6ml/hr	12
4.8ml/hr	16
6.0ml/hr	20
If further increase needed, this should be discussed with the available registrar or consultant as rates over this are contraindicated in the BNF and will be an off-label use.	
7.2ml/hr	24
8.4ml/hr	28
9.6ml/hr	32