The Oxytocin Challenge: Developing a Collaborative, Evidence-Based Approach
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Problem: Oxytocin has been recognized as a high-alert medication and is the leading cause of obstetrical litigation. Oxytocin administration can lead to fetal acidosis from tachysystole, an increased cesarean rate and is a frequent cause of nurse-physician disagreement.

Evidence: Research has shown that developing and implementing a single policy that standardizes the use of oxytocin improves outcomes and patient safety.

Strategy: Physician and nurse collaboration to develop an oxytocin policy.

Practice Change: Several steps were taken to create a culture change for oxytocin use. First, a policy was created and a standard order set was written based on the policy. Next, an algorithm was created constructed as a visual model of the policy. Finally, pre-use and in-use checklists were generated to ensure the close monitoring of the patient receiving oxytocin.

Evaluation: Rates of cesarean sections due to non-reassuring fetal heart rate and 5 minute APGAR scores of less than or equal to 7 were compared prior to and after implementation of policy.

Results: Initial results were a decrease in both cesarean section due to non-reassuring fetal heart rate and 5 minute APGAR scores.

Recommendations: A standardized policy for oxytocin use and administration is effective for improving patient safety and outcomes.

Lessons Learned: Implementing evidenced-based practice created an environment that fostered collaboration. The policy also improved nurse-physician communication and nursing autonomy.

Bibliography:


