

<u>APPLICATION OF STANDING ORDER</u>	
Areas where standing order applicable	Where a medical officer is not immediately available to attend a life threatening post partum haemorrhage
Areas where standing order not applicable	When a medical officer is present
Reference to other Standing Orders:	Nil
Other Relevant Standing orders of Interest:	Nil
External Links	Nil
<u>STAFF AUTHORISATION</u>	
Staffing requirements	Victorian Nurses Board (VNC) Registration Division 1 endorsed as a midwife. VNC registration restricted to midwifery practice only.
Staff credentialing requirements (provide training details, minimum standards required)	12 months post graduate midwifery experience. All staff educated in the prevention and management of post partum haemorrhage under the criteria of obstetric emergencies.
Register of credentialed staff (detail mechanism of register maintenance)	NUM of Maternity Unit will keep register of staff who have undertaken annual education in obstetric emergencies.
<u>STANDING ORDER - Oxytocin</u>	
Background	To allow approved Registered Midwives to initiate treatment protocols when a medical officer is not immediately available when attending a post partum haemorrhage.
Purpose and scope	In circumstances when a medical officer is not in attendance and there is clinical evidence of post partum haemorrhage, an approved Registered Midwife is permitted to administer Oxytocin as part of the immediate management as outlined in this standing order without a medical practitioners order.
Precautions	This protocol is to be read in conjunction with Clinical Practice Guidelines (CPG) Ballarat Health Services on the management of post partum haemorrhage. This protocol will be reviewed annually in reference to current evidence based practice.
Clinical Condition and circumstances for use	Administration of Oxytocin. Post partum haemorrhage (Greater than 600 ml) when treatment with an oxytocin is deemed to be necessary in the prevention of further blood loss considered to be life threatening.
Limitations	Post partum women on BHS acute site.
Site of care considerations	BHS – Base Hospital
Contra-indications	Known allergy to Oxytocin
Monitoring requirements	Blood pressure, Pulse, Fundal height, PV loss - Every 5 minutes until stable.
Procedure	Administer one dose only by IM injection or slow IV injection as recommended by manufacturer () - Refer: Product Information
Documentation	Recorded and signed on standing order document.
Dosage	10 I.U.intramuscular injection or 5-10 I.U.by slow intravenous injection.
Adverse effects	Rapid intravenous injection of as little as 2 I.U.can cause acute hypotension. Hypertension may occur rarely.
Management of Complications	Commence appropriate management and notify medical officer or call MET response if condition indicates.
General	All measures should be taken to have medical officer in attendance as soon as possible. Call MET response if immediate management not successful in stabilisation of patient.
<u>REFERENCES</u>	
References	COCHRANE DATA BASE
Keywords	Oxytocin Haemorrhage Post-Partum