



When Enough is Enough:



A retrospective study of oxytocin delivery before and after implementation of the “Rules of Three” dosing algorithm

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Oxytocin

- First-line agent for management of uterine tone in cesarian delivery
- Rapid administration and large doses have hemodynamic implications
- Administration protocols vary widely
- Our institution used a “wide open” infusion

“Rules of Three” Protocol

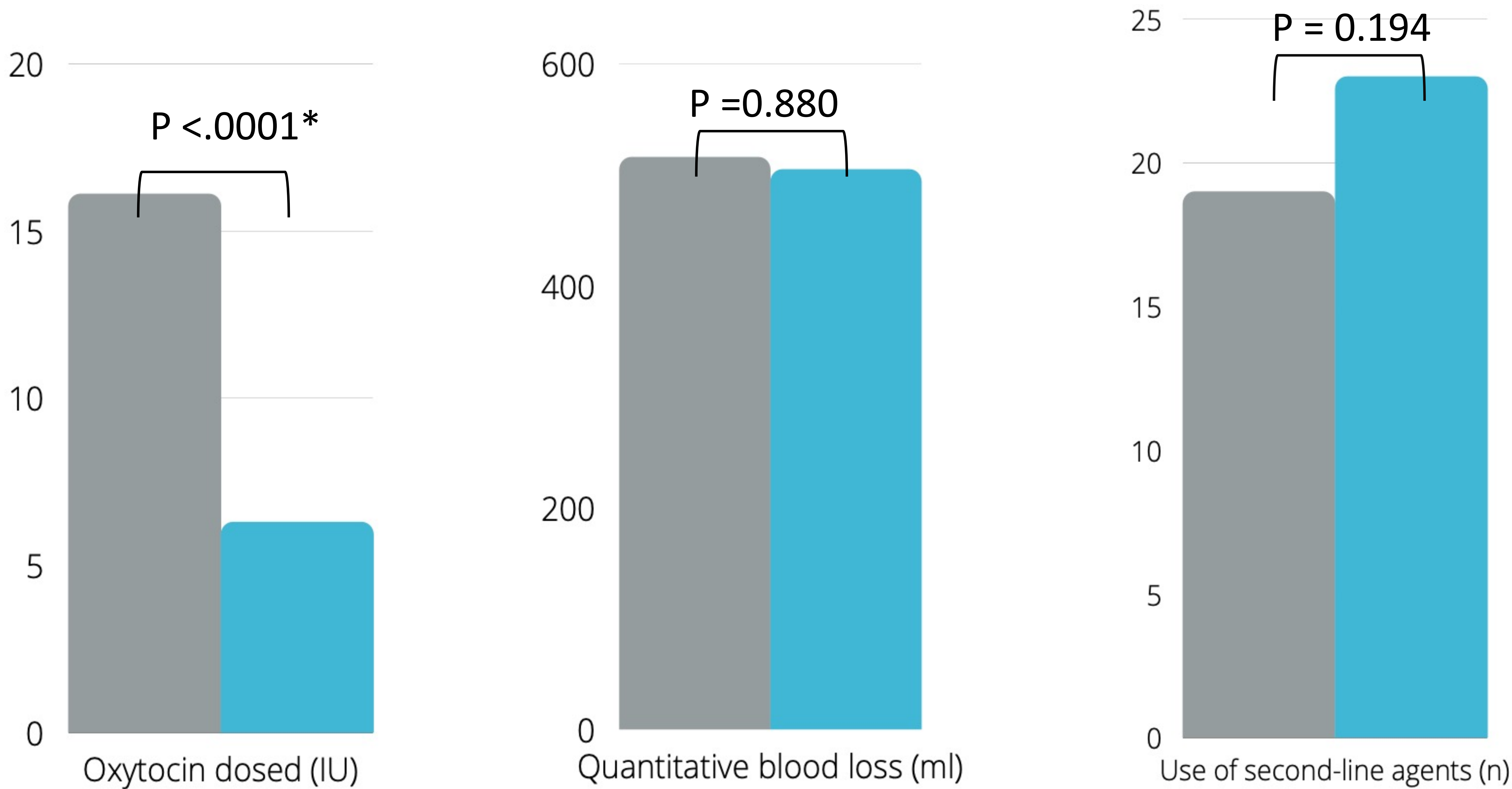
- A single IV dose of 3 IU over three minutes at time of delivery, followed by continuous infusion of 3 IU/hr
- Repeat boluses of oxytocin given for uterine atony (up to three total)
- Additional uterotonics considered for refractory uterine atony

Results

N = 396 “Wide-open”= 217” “Rules of Three”= 179

Rules of Three:

- ↓ Total dose oxytocin administration
- NO increase in QBL[#]
- NO Increased frequency in 2nd line agent



[#]quantitative blood loss (Triton L&D™, Gauss Surgical, Los Altos, CA)

Key Points

Patient characteristics

- Patient age, BMI, and gestational age were not significantly different between groups

Primary outcome

- Significantly more oxytocin was administered to the “wide open” group compared to the “Rules of Three” group

Secondary outcome

- No significant difference noted between groups for quantitative blood loss or frequency of second-line uterotonic agent dosing

Conclusion

Decreasing overall doses of oxytocin with the “Rules of Three” protocol did not result in greater blood loss or use of second-line uterotonics

References:

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