Oxytocin (pitocin) davis pdf

OXYTOCIN INJECTION (bull-i-toe'sin)Pitocin, Shintocinon, Shintocinon nasal sprayClassification: hormones and synthetic substitutes; oxytocicPregnancy Category: X 10 units/ml injection Action Synthetic, water-soluble polypeptide consisting of eight amino acids identical to the pharmacologically oxytosocial principle of the posterior pituitary gland. Therapeutic effects of direct action on myofibrili, produces phase abbreviations characteristic of normal delivery. Promotes the release of milk (disappointing) reflex in nursing mothers, thereby increasing the flow (not volume) of milk; it also facilitates the flow of milk during breast augmentation. The sensitivity of the uterus to oxytocin increases during pregnancy and increases dramatically before parturation. Not used for elective labor induction. Uses to initiate or improve the contraction of the uterus in time only in carefully selected patients and only after the cervix expands and the representation of the fetus has occurred; Used to stimulate a frustrating reflex in a nursing mother and relieve chest pain engorgement. Use involves managing an unavoidable, incomplete or missed abortion; stimulation of uterine contractions in the third stage of childbirth; stimulation to overcome uterine inertia; control of postpartum hemorrhage and the promotion of postpartum uterine involution. It is also used to induce childbirth in cases of maternal diabetes, pre-eclampsia, eclampsia and erythroblastosis fetalis. Hypersensitivity to oxytocin; significant disproportation of pelvic cephaloopes, fetal disadvantage or presentations that are unsuperformed without conversion before delivery, obstetric emergencies in which the risk-benefit ratio for the mother or fetus contributes to surgery, fetal distress, in which childbirth is not inevitable, prematurity, placenta preterm, prolonged use in severe toxemy or uterine inertia, Hypertensive uterine models, previous uterine or cervical surgery, including C-section, conditions predisposing to thromboplasty or amniotic fluid embolism (dead fetus, abruptio placenta), large multiparitis, invasive cervical carcinoma, prima paragon, past history of uterine sepsis or traumatic birth, Careful use of concomitant uses with cyclopropan anesthesia or vasoconstricting drugs. Itinerary and dosage AntepartumAdult: IV Beginning with 1 mU/min, may increase by 1 mV/min q15min (maximum: 20 mU/min)PostpartumAdult: IV Infuse for a total of 10 U with a speed of 20-4 0 MU/min after deliveryFor promoting milk releaseAdult: Nasal 1 spray or 1 drop in 1 or both nostrils 2-3 mins before feeding or pumping IntravenousPREPARE: IV Infusion: When diluted oxytocin for IV infusion, Turn the bottle to distribute the medicine throughout the solution. For labor inducing: Add 10 U (1 ml) of oxytocin to 1 litre of D5W or NS to give 10 mU/mL. For postpartum haemorrhage: Add 10-40 U (1-4 (1-4 oxytocin up to 1 litre D5W or NS to give 10-40 mW/ml. ADMINISTER: IV Infusion: See ROUTE and DOSAGE at recommended rates (mU/min). INCOMPATIBILITIES/additive: fibrinolizine, warfarin. Body as a whole: Fetal trauma from too fast movement through the pelvis, fetal death, anaphylactic reactions, postpartum hemorrhage, doordal pain, swelling, cyanosis or redness of the skin. CV: Fetal bradycardia and arrhythmia, maternal cardiac arrhythmia, hypertensive episode, subarachnoid hemorrhage, increased blood flow, deadly afibrinohemmia, ECG changes, PVC, cardiovascular spasm and collapse. GI: Neonatal jaundice, maternal nausea, vomiting. Endocrine: effects of ADG leading to severe water intoxication and hyponatremia, hypotension. CNS: Intracranial hemorrhage of the fetus, anxiety. Respiratory: Fetal hypoxia, maternal shortness of breath. Urogenital: uterine hypertensiveness, tetural contractions, rupture of the uterus, pelvic hematoma. Drug: vasoccused cause severe hypertension; cyclopropan anesthesia causes hypotension, maternal bradycardia, arrhythmia. Herbal: Ephedra, ma-juan can cause hypertension. Absorption: Destroyed in the gastrointestinal tract. Beginning: Immediate IV; a few minutes nasal. Duration: 1 hour IV; 20 min nasal. Distribution: Distributed throughout the extracellular fluid; a small amount can cross the placenta. Metabolism: Rapidly collapses in the liver and kidneys. Elimination: Small amounts released without changes in urine. Half-Life: 3-5 min. Evaluation and effects of the drug Start flow chart to record maternal BP and other vital signs, MMR ratio, weight, strength, duration and frequency of contractions, as well as fetal tone and speed, before administer treatment. Monitoring of fetal heart rate and maternal BP and pulse at least q15min during infusion periods; assess the tone of myometrium during and between contractions and recording on the flow graph. Immediately report a change in speed and rhythm. Stop the infusion to prevent fetal anoxia, turn the patient on her face, and tell the doctor if the contractions tighten (occurring at less than 2-minute intervals) and if the monitor records a contraction of about 50 mm Hg or if the contractions last 90 seconds or more. The stimulation will quickly weaken within 2-3 minutes. Oxygen administration may be needed. If the patient receiving oxytocin is given local or regional (caudal, spinal) anesthesia, be alert to the possibility of hypertensive crisis (sudden intense occipital headache, rapid heartbeat, marked hypertension, stiff neck muscles, nausea, vomiting, sweating, fever, photophobia, diction, diction Monitoring iso during childbirth. If the patient receives the drug with a long-term IV infusion, watch out for water intoxication (drowsiness, lack of care, headache, confusion, anuria, weight gain). Report changes in vigilance and orientation and changes in the ratio of MLIs (i.e., a marked decrease in output with excessive consumption). Check Check Out often during the first few postpartum hours and several times a day after that. The incidence of hypersensitivity or allergic reactions is higher when oxytocin is given by injection of IM or IV, rather than by IV infusion (diluted solution). Patient and family education Be aware of the purpose and expected effect of oxytocin. Report a sudden, severe headache immediately to health care providers. Kwiring, Courtney et al. Oxytocin. Davis' Guide to Drugs, 16th. F.A. Davis Company, 2020. Anesthesia Central, anesth.unboundmedicine.com/anesthesia/view/Davis-Drug-Guide/51572/all/oxytocin. Kwiring C, Sanoski CA, Valleran. Oxytocin. Davis' guide to drugs. F.A. Davis Company; 2020 . Access to October 14, 2020. Oxytocin. Davis's guide to drugs (16th edition). F.A. Davis's company. Received on October 14, 2020 from C, Sanoski CA, Vallerand AH. Oxytocin (Internet). In: Davis' guide to drugs. F.A. Davis Company; 2020. 2020 October 14. Available from: titles in AMA citation format should be in offer-caseMLAAPAVANCOUVERTY - ELEC T1 - oxytocin ID - 51572 A1 - Kyring, Courtney, AU - Sanoski, Cynthia A, AS - Vallerand, April Hazard, BT - Davis Drug Guide UR - PB - F.A. Davis Company ET - 16 DB - Anesthesia Central DP - Emergency Medicine ER - Go to the main contents of quiring, Courtney, et al. Oxytocin. Davis' Guide to Drugs, 16th. F.A. Davis Company, 2020. Davis' Drug Guide - OLD - USE 2.0, www.drugguide.com/ddo/view/Davis-Drug-Guide/51572/all/oxytocin. Kwiring C, Sanoski CA, Valleran. Oxytocin. Davis' guide to drugs. F.A. Davis Company; 2020. . Access to October 14, 2020. Oxytocin. Davis's guide to drugs (16th edition). F.A. Davis's company. Received on October 14, 2020, from C, Sanoski CA, Vallerand AH. Oxytocin (Internet). In: Davis' guide to drugs. F.A. Davis Company; 2020. 2020 October 14. Available from: AMA citation title article should be in offer-caseMLAAMAAPAVANCOUVERTY - ELEC T1 - oxytocin ID - 51572 A1 - Kiring, Courtney, AU - Sanoski, Cynthia A, AC - Апрель Опасности, BT - Дэвис наркотиков Руководство UR - PB - F.A. Дэвис компании ET - 16 DB - Дэвис наркотиков Руководство - OLD - USE 2.0 DP - Unbound Unbound ER - Page 2Weath printed copy (pdf file) of the full article (4.6M). 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