



Managing Infusion Pumps for Induction and Augmentation of Labour

I, _____, _____, confirm that _____ RM,
(name) (position) (name of RM)
has received an in-hospital education/orientation for managing the IV infusion pumps used for
oxytocin induction and augmentation of labour at _____
(name of BC hospital)

I verify that the above named midwife has successfully demonstrated¹ the following:

- practical knowledge for managing the pumps for oxytocin induction/augmentation of labour;
- pharmacodynamics and pharmacokinetics of oxytocin:
 - a. Dosing b. Concentration c. Frequency/rate;
- knowledge of the national and community standards and guidelines for oxytocin induction and augmentation;
- knowledge of appropriate fetal surveillance with oxytocin induction and augmentation of labour; and
- documentation of assessment and care that is complete, concise, and contemporaneous including admission and history, orders for induction and augmentation, and progress notes related to induction or augmentation.

Signed

(date)

¹ Through completion of an education/orientation program and simulated or actual practical application.