Midstate Regional Emergency Medical Services Council Oneida, Herkimer & Madison Counties Upstate N.Y.	**Mid-State Regional Emergency Medical Advisory Committee** **Advisory Statement #26-02** Adopted 09/09/2026	**Oxytocin** **Supersedes: none**

The 2026 Obstetrics: Hemorrhagic Shock protocol reads that initial oxytocin dosing should be "‡ 10 units IM or 10 units IV followed by 20 units placed in 1 L normal saline and given wide open until bleeding significantly decreases."

THIS IS AN ERROR. Oxytocin bolus 10 units **IV** is **dangerous and can cause cardiovascular collapse**. ***DO NOT PUSH 10 UNITS IV*****.**

The protocol should read: "‡ 10 units IM followed by 20 units placed in 1 L normal saline and given wide open until bleeding significantly decreases."

This change is effective immediately in the Midstate Region. Attached is the current NYS Protocol for reference.

Obstetrics: Hemorrhagic Shock

CRITERIA

- For management of excessive bleeding (> 1 Liter) up to 24 hours after delivery

CFR AND ALL PROVIDER LEVELS

EMT

- ABCs and vital signs
- Airway management and appropriate oxygen therapy
- Firmly massage the uterine fundus
- If perineal (external vaginal lacerations) are present, apply direct pressure to the perineum with sterile dressings. ***Do not place gauze or dressings inside the vagina.***

CFR AND EMT STOP

ADVANCED

CC

- Vascular access
- If SBP <100 mmHg or MAP <65 mmHg, Normal saline 500 mL bolus, may repeat up to a total of 2 liters if lung sounds remain clear to obtain goal SBP ≥100 mmHg or MAP ≥65 mmHg

ADVANCED AND CC STOP

PARAMEDIC

- Oxytocin: 10 units IM or 10 units IV followed by 20 units placed in 1 L normal saline and given wide open until bleeding significantly decreases
- If signs of shock and systolic BP <100 mmHg, MAP <65 mmHg, consider:
  - Transfuse 1 unit Type O PRBC or whole blood® followed by 1g Calcium Chloride for every 500 mL of whole blood administered through a separate IV line from the one the blood was administered through
  - Tranexamic Acid® (TXA) 1 gm in 100 ml over 10 minutes. If bleeding continues after 30 minutes, administer a second dose of 1 gm in 100 mL over 10 minutes

PARAMEDIC STOP

MEDICAL CONTROL CONSIDERATIONS

- Additional Normal Saline or balanced crystalloid
- Blood® or TXA administration in patients not defined in this protocol, or additional units of blood
- Norepinephrine 2 mcg/min, titrated to 20 mcg/min, if needed after fluid bolus is completed, to maintain Systolic BP ≥100 mmHg, MAP ≥65 mmHg

Key Points/Considerations

- Administration of blood or TXA should not delay transport
- Initiation of prehospital blood products subject to REMAC endorsed blood product distribution plan and Department of Health approval