



Chengdu KaiJie Biopharm Co., Ltd.

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About Author

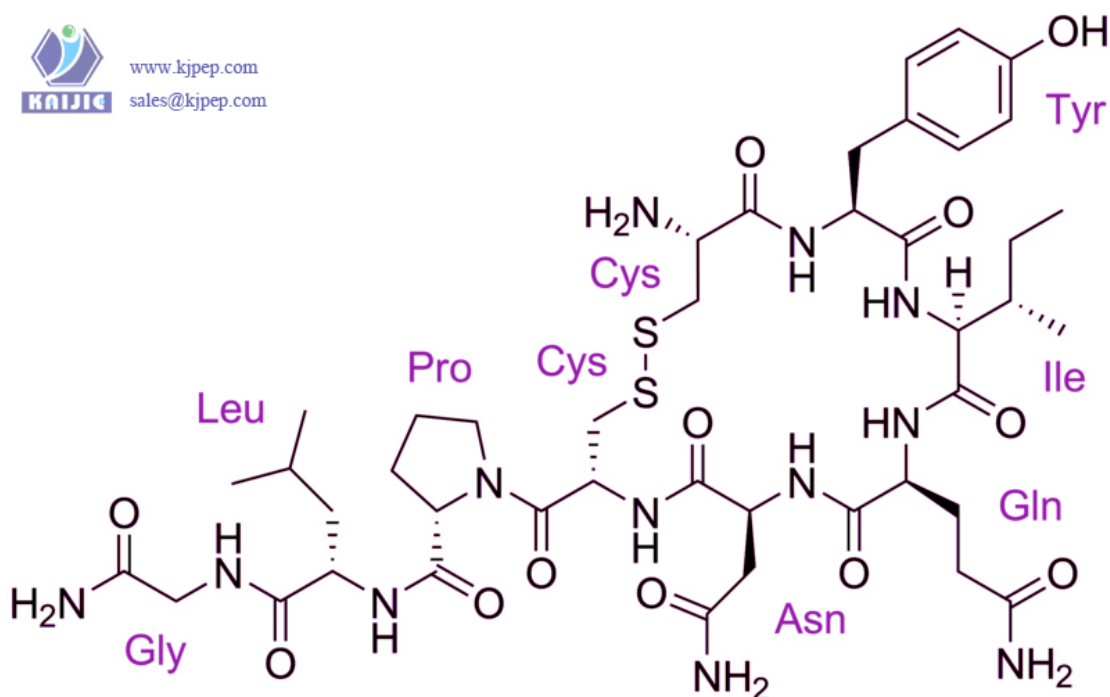
Chengdu Kaijie Biopharm Co, Ltd. (KJBP) is one of leading peptide manufacturers in Asia. With its highest capacity of production in China and the outstanding quality of peptide products, Kaijie holds a unique position.

Oxytocin



www.kjpep.com

sales@kjpep.com



1. US Trade Name: Pitocin

2. How Supplied

2.1. Generic

Injection Solution: 10 U/ML

Intravenous Solution: 10 U/ML

2.2. NovaPlus Oxytocin

Injection Solution: 10 U/ML

2.3. Pitocin

Injection Solution: 10 U/ML

3. Adult Dosing

Abortion; Adjunct: (incomplete, inevitable, or elective abortion) 10 units added to 500 mL of a physiologic saline or D5W IV solution after a suction or sharp curettage



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Abortion; Adjunct: (midtrimester elective abortion) 10 to 20 milliunits/min (20 to 40 drops/min) IV; MAX dose 30 units/12 h

Induction of labor, Medically indicated: initial, 0.5 to 1 milliunit/min IV (3 to 6 mL/h of a 10 units/1000 mL dilute oxytocin solution); gradually increase dose in increments of 1 to 2 milliunits/min every 30 to 60 min until desired contraction pattern has been established; once desired frequency of contractions has been reached and labor progressed to 5 to 6 cm dilation, the dose may be reduced by similar increments.

Postpartum hemorrhage: 10 to 40 units of oxytocin added to running IV infusion (maximum 40 units to 1000 mL IV solution); adjust infusion rate to sustain uterine contractions and control uterine atony

Postpartum hemorrhage: 10 units IM given after delivery of the placenta

4. Mechanism of Action

Systemic: The uterine myometrium contains receptors specific to oxytocin. Oxytocin stimulates contraction of uterine smooth muscle by increasing intracellular calcium concentrations, thus mimicking contractions of normal, spontaneous labor and transiently impeding uterine blood flow. Amplitude and duration of uterine contractions are increased, leading to dilation and effacement of the cervix. The number of oxytocin receptors and, therefore, uterine response to oxytocin increases gradually throughout pregnancy, reaching its peak at term.

For diagnosis of fetal distress and utero-placental insufficiency: By comparing baseline and oxytocin-induced fetal heart rate patterns and uterine contraction patterns, the oxytocin challenge test may aid in determining if there is adequate placental reserve for continuation of a high-risk pregnancy. The occurrence of a fetal heart rate pattern exhibiting late decelerations with administration of oxytocin may indicate utero-placental insufficiency.

Stimulates smooth muscle to facilitate ejection of milk from breasts. Oxytocin does not increase milk production.

5. Adverse Effects

Cardiovascular: Cardiac dysrhythmia, Mother and fetus, Fetal bradycardia, Hypertensive episode, Mother, Ventricular premature beats, Mother and fetus

Endocrine metabolic: Water intoxication syndrome

Hematologic: Afibrinogenemia, Fatal, in mother



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Hepatic: Neonatal jaundice

Immunologic: Anaphylaxis, Mother

Neurologic: Brain damage, Permanent, Central nervous system deficit, Permanent, Coma, Mother, Convulsions in the newborn, Subarachnoid hemorrhage, Mother

Ophthalmic: Retinal hemorrhage, Neonatal

Renal: Pelvic hematoma, Mother

Reproductive: Postpartum hemorrhage, Mother, Rupture of uterus, Mother

Other: Death, Mother, Low apgar score, At 5 minutes

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