Successful Dosing of an Epidural Catheter for an Emergent Caesarean Delivery Following Inadvertent Epidurally-Administered Oxytocin

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Medical errors may be inevitable; however, constant vigilance for safety and accuracy is needed to help reduce its occurrence. A 30 year-old female G3P1 at 41 weeks presented for induction of labor for post dates. An epidural catheter was placed for labor analgesia. During the induction a prolonged deceleration of fetal heart rate was observed and the decision was made to deliver the fetus emergently in the operating room via Caesarean section for nonreassuring fetal heart tones. During an attempt to achieve surgical anesthesia using the epidural catheter, 3 units oxytocin diluted in 25mL of saline was administered inadvertently through the epidural catheter. The error was immediately realized; however, no oxytocin could be aspirated. Subsequently, a local anesthetic mixture containing 20mL of 2% lidocaine and 1:200k epinephrine was injected through the epidural catheter. Adequate surgical anesthesia was established, and Caesarean delivery of a viable male infant was completed. To date there have been inadvertent epidural administrations of oxytocin as high as 10 units; however, there have been no reports of successful conversion to a neuraxial anesthetic after 3 units or more of oxytocin had been administered.