Marquette County EMS Medical Control Authority

Nitroglycerin Drip Procedure

Purpose: To be used in unstable angina, CHF, or hypertensive crisis as directed by online Medical Control. Administration of a vasodilator, anti-anginal, and vascular smooth muscle relaxant to reduce myocardial 02 consumption, preload and afterload, and reduce blood pressure.

Advanced

A. Medical Control Direction
   1. Use of a Nitroglycerin Drip requires approval of the online Medical Control physician for treatment of chest pain or in hypertensive crisis.

B. Supplies for Nitroglycerin Drip Administration
   1. Concentration as provided from the pharmacy, normally 50 mg in 250 mL D5W glass bottle.
   2. Low-sorbing tubing
   3. IV medication pump

C. Patient Identification
   1. Ideally, the patient will provide two sources of identification, including name, and one additional identifier, such as their birthdate, social security number, or assurance from another family member of their name and birthdate.

D. Administration
   1. For use in hypertensive crisis, generally start at 5 gtts/min.
   2. Titrate the rate higher to achieve desired systolic blood pressure parameter as directed by online Medical Control.
   3. Maximum dosing generally 100 mcg/min or 33 gtts/min.
   4. Persistent hypertension may require additional medications that will be administered upon arrival at the hospital.
   5. Wean antihypertensives in the reverse order that they were started.
   6. Wean nitroglycerin using systolic blood pressure values, generally 5 gtts every 15 minutes until discontinued.
   7. When treating chest pain, wean the nitroglycerin drip using the presence of chest pain as an indicator for titration.

E. Patient Assessment and Documentation
   1. When titrating antihypertensives, blood pressures must be monitored at least every five minutes.
   2. Document the patient condition prior to administration, including blood pressure, chest pain characteristics where applicable, heart rate and rhythm, and other signs and symptoms noted. Document ongoing assessments during titration of the medication, and patient response, including complaints of headache, nausea, vomiting, etc.
   3. Document time of approval of the Medical Control physician.
   4. Document time drug was started, rate, and time stopped.

Authentication And Approval:

Richard [illegible] Do 11/4/2006

Marquette County EMS Medical Director Date:
Effective Date: 011/4/06