

**NITROGLYCERIN  
ADMINISTRATION ASSISTANCE**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Pass

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Fail

| Time Start: _____ Time Limit: 5 min  | Points Possible | Points Awarded |
|--|-----------------|----------------|
| Takes, or verbalizes, body substance isolation precautions   | 1               |                |
| Obtains order from medical direction to administer medication<br>Either on-line or off-line  | 1               |                |
| Verifies indications for administration are met  | 1               |                |
| Assesses for evidence of suspected head injury or other complications for medication administration  | 1               |                |
| Takes the patient's blood pressure and assures it is above 100 mg Hg systolic  | 1               |                |
| Assures right medication, right patient, right route, and patient alert enough to take medication  | 1               |                |
| Checks the expiration date of the medication   | 1               |                |
| Questions the patient on the last dose administered, effects, and assures the understanding of the route of administration   | 1               |                |
| Asks the patient to lift tongue and administers the medication sublingually while wearing gloves, or has the patient administer the medication   | 1               |                |
| Has the patient keep mouth closed with tablet without swallowing until the tablet is dissolved and absorbed  | 1               |                |
| Rechecks the blood pressure within 2 minutes   | 1               |                |
| Records name, dose, route, time, and results of medication administration  | 1               |                |
| Performs assessment  | 1               |                |
| Repeats administration every 3 – 5 minutes until pain is relieved, up to a maximum of three doses, reassessing vital signs and chest pain after each dose, and assuring blood pressure is at least 100 mg Hg systolic before each dose | 1               |                |
| Time End: _____ Minimum Score: 12 Total:   | 14              |                |

**Critical Criteria**

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not obtain on-line or off-line medical direction
- \_\_\_\_\_ Did not confirm drug prescription and expiration date before administration
- \_\_\_\_\_ Did not check to see if the patient has already taken any doses
- \_\_\_\_\_ Did not assess the patient's blood pressure before administration
- \_\_\_\_\_ Did not reassess the patient's blood pressure within 2 minutes of administration
- \_\_\_\_\_ Did not provide additional doses as indicated
- \_\_\_\_\_ Did not properly record the medication administration