****NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SKILL PERFORMANCE EVALUATION**

**MEDICATION ADMINISTRATION**

**NITROGLYCERIN**

**PERFORMANCE OBJECTIVES**

Demonstrate proficiency in recognizing the indications, contraindications and criteria, and assist the patient with the administration of nitroglycerin, a prescribed emergency medication.

**EQUIPMENT**

Simulated patient, oxygen tank with a flow meter, oxygen mask, blood pressure cuff, stethoscope, placebo nitroglycerin spray and tablets, timing device, clipboard, PCR, pen, eye protection, masks, gown, gloves.

**SCENARIO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXAMINER(S):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Attempt: 1st 2nd 3rd (final)**

PASS

FAIL

|  |
| --- |
|   |
| **PREPARATION** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Establishes appropriate BSI precautions |  |  |  |
| Completes primary assessment: |  |  |  |
| Completes the appropriate secondary assessment | Obtains VS |  |  |  |
| Obtains a pain scale |
| Focused exam of the chest |  |  |  |
| Verbalizes the criteria for assisting the patient with their own emergency medications:  | The medication was prescribed by a physician |  |  |  |
| The medication is prescribed for the patient |  |  |
| The indications for administration are met |  |  |
| There are no contraindications |  |  |
| Verbalizes the indications for assisting the patient with nitroglycerin | Chest pain suspected to be myocardial in origin |  |  |  |
| Systolic blood pressure > 100mm/Hg |  |  |
| Verbalizes the contraindications for nitroglycerin (NTG) administration | No indications have been met |  |  |  |
| Patient has taken three (3) doses prior to arrival of EMS |  |  |
| Last dose was given < five minutes ago |  |  |
| Systolic BP is < 100mm/Hg |  |  |
| SED use within 48 hours |  |  |

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| **PROCEDURE** |

 |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Checks medication for: | **D**rug name |  |  |  |
| **I**ntegrity of container/ medication |  |  |
| **C**oncentration/dose |  |  |
| **C**larity |  |  |
| **E**xpiration date |  |  |
| Prepares the medication | **Tablets:**Removes from container and checks that it is intact |  |  |  |
| **Spray:**Removes the top of the spray canister |  |  |
| Obtains a blood pressure  |  |  | Value is scenario dependent |
| Removes the oxygen source |  |  |  |
| Instructs patient to open mouth and lift tongue |  |  |  |
| Administers Medication**Tablet**  | Places tablet under tongue |  |  |  |
| Instructs patient to allow tablet to dissolve  |  |  |
| Instructs patient not to swallow 10 seconds after tablet has dissolved |  |  |
| Administers Medication: | Instructs patient to open mouth and lift tongue |  |  |  |
| **Spray** | Sprays NTG on or under tongue |  |  |
|  | Instructs patient not to swallow for 10 seconds |  |  |
| Does not shake canister |  |  |
| Replaces the oxygen source |  |  |  |
| Evaluates response to nitroglycerin withinfive (5) minutes | Blood pressure |  |  |  |
| Pain Scale |  |  |

Developed: 3/10, Revised 10/1/2018