POLICY STATEMENT
The Registered Nurse (RN) / Registered Midwife (RM) is authorised to instigate nurse/midwife initiated medication without an authorised prescriber’s order under the specific circumstances set out in the INDICATIONS section and provided there are no contraindications present.

It is important for nursing and midwifery staff to remain aware that:
- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient’s prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.

The administering nurse/midwife must record the administration on the ‘nurse initiated medicines’ section of the National Inpatient Medication Chart or electronic equivalent.

If the patient continues to require the medication (i.e., more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient’s condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS
Angina (chest pain) in adults.
All chest pain should be initially treated as myocardial ischaemia until proven otherwise.

CONTRAINDICATIONS
Cerebral haemorrhage
Head trauma
Patients taking concurrent phosphodiesterase 5 inhibitors (see drug interactions)
If systolic blood pressure is < 100 mmHg:
- Do not administer glyceryl trinitrate.
- Initiate a PACE call
- If the patient is symptomatic to the hypotension, lie the patient flat, and consider the need to initiate a Code Blue call.

PRECAUTIONS
N/A

HISTORY/ASSESSMENT
Assess the patient for pain location, duration, nature, precipitation factors and associated symptoms. Ask the patient to rate the pain on a pain scale where 0 is no pain and 10 is the worst pain imaginable.
Position the patient comfortably, preferably sitting upright.
Assess vital signs, including pulse, respirations, blood pressure and oxygen saturation.
NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

Glyceryl trinitrate 600 microg tablets for angina / chest pain in adults (Anginine™)

If the patient is short of breath, in respiratory distress or has a SpO₂ < 95%, administer oxygen via nasal prongs at 3-4 L/min or via Hudson mask at 6-8 L/min. Record a 12 lead ECG as soon as practical during the episode of chest pain.

A PACE call must be initiated if:

- The patient breaches PACE criteria, or
- The nurse or patient’s family/significant others are concerned about the patient’s condition

PROTOCOL/ADMINISTRATION GUIDELINES

<table>
<thead>
<tr>
<th>Caution: CHECK for allergies and/or contraindications</th>
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<tbody>
<tr>
<td><strong>Drug</strong></td>
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<td>Glyceryl trinitrate 600 microg</td>
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The patient should be on a bed/trolley at the time of administration in case of significant drop in blood pressure.

If the patient is fasting or has a dry mouth, rinsing the mouth with water prior to administration of sublingual glyceryl trinitrate will result in more rapid absorption. Use the lower dose (300 microg) if the patient has never received nitrates, has a SBP between 100-110 mmHg or is known to have a sensitive blood pressure response to nitrates.

Repeat dose after 5 minutes if the patient still has pain, provided SBP remains ≥ 100 mmHg and within 20 mmHg of the patient’s normal baseline blood pressure.

If pain is unrelieved following 2 doses of sublingual glyceryl trinitrate initiate a PACE call.

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Monitoring:
Recheck vital signs at least every 3-5 minutes during an episode of chest pain, and more frequently if warranted by the patient’s condition.

In cases of hypotension, lie the patient flat and elevate the legs.

If the patient’s pain is not completely relieved within 5 minutes of administration of the first dose of sublingual glyceryl trinitrate, administer a second dose.

A PACE call must be initiated:

- If the patient’s pain is unrelieved by oxygen and sublingual glyceryl trinitrate within 10 minutes
- The patient breaches PACE criteria
- The nurse or patient’s family/significant others are concerned about the patient’s condition

Notify the medical officer of the patient’s pain, even if it has been relieved.
Glyceryl trinitrate 600 microg tablets for angina / chest pain in adults (Anginine™)

Adverse Effects:
Headache is the most frequent adverse effect. Headache can be minimised by removing undisolved portions of the glyceryl trinitrate tablet if chest pain has resolved. Headache can be treated by administration of simple analgesics. Some patients may be very sensitive to the effects and may have an exaggerated hypotensive response. Consider the need to initiate a PACE call. As glyceryl trinitrate has a short half-life, these effects are usually short-lived.

Drug interactions
Alcohol, antihypertensives, tricyclic antidepressants, phenothiazines, levodopa, opioid analgesics, hydralazine, calcium channel blocking agents, minoxidil and prazosin. The risk of orthostatic hypotension and syncope may be enhanced.
Sympathomimetics. Concurrent use may reduce the antianginal effects, Nitrates may counteract the pressor effect of sympathomimetics, possibly resulting in hypotension. Phosphodiesterase 5 inhibitors. Nitrates potentiate the hypotensive effects; combinations may result in profound hypotension or MI and are contraindicated. Do not give a nitrate unless it is >24 hours since the last dose of sildenafil or vardenafil (>48 hours for tadalafil); a longer interval may be needed if PDE5 inhibitor half-life is prolonged, e.g. by a drug interaction, in the elderly. Monitor carefully

DOCUMENTATION
A record of the administration must be made in the ‘nurse initiated medicines’ section of the National Inpatient Medication Chart or electronic equivalent. A further record of the medication administered including indication, dose and effect must be included in the patient’s health care record. All episodes of chest pain must be documented in the patient’s health care record. Documentation must include:
- time of chest pain onset
- therapy administered
- time of relief of chest pain
- all communications with medical staff
All ECG’s recorded during chest pain must be placed in the patient’s health care record and reviewed by a MO.

PRACTICE POINTS
- Onset of action is 3 to 5 minutes
- Glyceryl trinitrate should be stored in the original glass bottle which should be kept closed when not in use. Once opened, unused tablets should be discarded after 3 months.

REFERENCES/FURTHER READING
1. PD2013_043 Medication Handling in NSW Public Health Facilities
2. Product Information Anginine. MIMS online.

REVISION and APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>July 2015</td>
<td>DRAFT</td>
<td>Pharmacy Department, Prince of Wales Hospital</td>
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<tr>
<td>September 2015</td>
<td>1</td>
<td>Approved by SESLHD Drug &amp; QUM Committee</td>
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