

Conway Medical Center  
Conway, South Carolina

Center Patient Admission  
Label Here

PHYSICIAN'S ORDERS  
For IV Nitroglycerin (Tridil)  
ER/ICU/PCU and CCL Only

Used in treatment of angina, CHF with acute MI, hypertension.

Compatible with Aminophylline, Amiodorone, Diltiazem, Dobutamine, Dopamine, Epinephrine, Esmolol, Heparin, Labetalol, Lidocaine, Lorazepam, Midazolam, and Norepinephrine.

Another brand of drug identical in form  
and content may be dispensed unless checked. ☐

Drug Allergies:

The following orders will be initiated

1. Initial weight at infusion \_\_\_\_\_ then daily weights
2. Discontinue any topical Nitroglycerin at time of initiating IV infusion
3. VS upon initiation of infusion, then Q3-5 minutes during titrations.
4. VS after titration may be Q15 minutes X 2 hrs, then Q 30 minutes X 2 hrs, then Q 1 hr if stable. After 12 hrs stable vital signs, may advance to q 2 hr.
5. Premixed solution preparation of 25mg Nitroglycerin in 250ml bottle of D5W (concentration 100 microgram/ml)
6. Infusion rate begins 5 microgram/min. and may increase by 5 microgram/min every 3-5 minutes for active chest pain or BP control. Use lowest effective dose.
7. **PCU TITRATIONS – Follow the above guidelines. Notify MD of unrelieved chest pain and further titration at 50 micrograms/min**
8. Other: \_\_\_\_\_

Nitroglycerin Drip Rate Calculation Chart

Nitroglycerin 25 mg in 250 ml (Concentration: 100 microgram/ml)

Dose	Infusion Rate
5 microgram/min	3 mL/hr
10 microgram/min	6 mL/hr
15 microgram/min	9 mL/hr
20 microgram/min	12 mL/hr
30 microgram/min	18 mL/hr
40 microgram/min	24 mL/hr
50 microgram/min	30 mL/hr
60 microgram/min	36 mL/hr
70 microgram/min	42 mL/hr
80 microgram/min	48 mL/hr
90 microgram/min	54 mL/hr
100 microgram/min	60 mL/hr
110 microgram/min	66 mL/hr
120 microgram/min	72 mL/hr
130 microgram/min	78 mL/hr
140 microgram/min	84 mL/hr
150 microgram/min	90 mL/hr

CONTRAINDICATED Known hypersensitivity to nitroglycerin, nitrates, increased ICP, constrictive pericarditis, pericardial tamponade, severe hypotension, severe anemia.

MD Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Nurse # 1 verifying rate \_\_\_\_\_

Nurse # 2 verifying rate \_\_\_\_\_