





ABCD-21-06-90189

Medication Administration of Nitroglycerin Spray Sublingual: Competency Assessment Tool

Instructions:

- 1. Clinical competency must be conducted by a physician (i.e. radiologist, NM physician), RN or technologist designate (MRT) with relevant expertise in the medical act using the Competency Assessment Tool.
- 2. This tool may be used during initial skill development. Final competency must only be signed by the assessor after all skills are met with satisfaction.
- 3. To maintain competency requirements, validation must be completed annually and or after returning from a period of extended absence.
- 4. If competency requirements are not met after the first attempt, additional education under the guidance of a mentor should occur prior to re-assessment.
- 5. If a criteria is not met, please provide feedback in the comments section at the bottom of this document.
- 6. MRT's should be provided on-going support by way of mentorship, guidance and additional practice opportunities regardless of competency achievement.

Name: Date: Site:						
Tł	he MRT did:		Yes	No		
•	Use two patient identifiers to confirm correct patient.					
•	Check that the provider order is clear, complete and legible.					
•	Review the screening form for allergies and any contraindications and notify the provider as needed.					
•	Perform a patient assessment: medications, IV status and patency, vital signs: systolic blood pressure (BP) and heart rate (HR).					
•	Document vital signs (heart rate and blood pressure) in patient's health care record. Is systolic blood pressure above 100 mmHg?					
•	Prior to medication administration, confirm physician/RN is available to attend in the event of an adverse reaction.					
•	Explain the procedure to the patient.					
•	Patient given the right to ask questions and the right to informed consent to having the exam and the medication to be used.					
•	Perform hand hygiene					
•	Don clean gloves					
•	Gather supplies: gloves, nitroglycerin spray bottle, isopropyl alcohol swab					
•	Ensure the 7 rights of medication administration:					
	1. Right medication					
	2. Right patient					
	3. Right dose					
	4. Right time					
	5. Right route					
	6. Right reason					
	7. Right documentation					

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For Nitroglycerin Sublingual Spray:								
1. Do not shake canister prior to use.								
2.	2. Disinfect canister spray orifice with 70% isopropyl alcohol swab							
3.	Prime spray bottle by holding upright and directed away from self and patient.							
4.	Activate spray by pressing down on pump 1 to 2 times to ensure canister is work	ing properly.						
5.	Advise patient to NOT :							
	inhale the spray,							
	swallow after the dose is given							
	spit or rinse their mouth for 5 to 10 minutes							
6. Hold canister upright with spray orifice as close to the patients open mouth as possible.								
7. Spray Nitroglycerin Spray onto or under the tongue and have patient immediately close their mouth. "NTG spray 0.4 - 0.8 mg								
	sublingual 3-5 minutes prior to scan "	, , , , , , , , , , , , , , , , , , , ,						
Discard all unused medication remaining in the canister and used supplies into waste receptacle to prevent contamination.								
Perform hand hygiene								
Assess patient as per client monitoring levels for the medication administered.								
• Recog	nize and respond to adverse events as needed. Notify MD if:							
patien	at is dizzy/lightheaded, HR is less than 45 (BPM), systolic BP is less than 100 mmHg	or decreased Level of Consciousness (LOC).						
Perform hand hygiene.								
Provide patient with discharge instructions.								
• Docun	nent the right information in the patient's record as appropriate, including MAR.							
Assessor Comments:								
Physician to complete this section only if MRT has been deemed competent by the physician and is an Assessor (Check one): MD					Г			
approved t	technical designate to provide education and perform competency assessments of	on MRT's						
Yes 🗆		S:						
		Signature:						
Physician Signature: Date: Date:								
,	YYYY/MM/DD		YYYY/MM/DD					

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