INTRAVENOUS GTN PRESCRIPTION FORM: INFUSION

Patient name:

Hospital number:

DOB:

Ward:

Allergies:

**Target BP:**

Indications: hypertension associated with stroke thrombolysis or primary intracerebral haemorrhage; see protocols

**Document this supplementary chart on front of patient’s drug chart**

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| **Pre – thrombolysis and for 24 hours post - thrombolysis****Target systolic BP: 161-180mmHg** |
| If systolic BP is >180 | If systolic BP is between 161-180 | If systolic BP is Between 140-160 | If systolic BP is <140 |
| Increase the GTN infusion rate by 5 micrograms/ min | Continue current infusion rate | Reduce the GTN infusion rate by 5 micrograms/ min | Stop the GTN infusion |
|  |  |  *Doctor’s Sign:* |  |
|  |  | *Bleep* |  |
|  |  | *Date* |  |
|  |  | *Intended start time :* |  |

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| **Haemorrhagic stroke (started within 6 hours of stroke onset)****Target systolic BP: 130 -140mmHg** |
| If systolic BP is >140 | If systolic BP is between 131-140 | If systolic BP is Between 120-130 | If systolic BP is <120 |
| Increase the GTN infusion rate by 5 micrograms/ min | Continue current infusion rate | Reduce the GTN infusion rate by 5 micrograms/ min | Stop the GTN infusion |
|  |  |  *Doctor’s Sign:* |  |
|  |  | *Bleep* |  |
|  |  | *Date* |  |
|  |  | *Intended start time:* |  |

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| *Daily senior physician review to confirm that ongoing GTN infusion is appropriate* |
| **Date:** |  |  |  |  |
| **Drs signature:** |  |  |  |  |

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**ADMINISTRATION OF INFUSION:**

Ensure full monitoring when giving a GTN infusion (inc continuous ECG monitoring) and the infusion site should be checked regularly.

The standard starting rate of GTN infusion is *5 micrograms per minute*.

The standard infusion preparation is a solution of *GTN 50 mg in 50 ml solution (ready mixed and undiluted)*

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| **GTN RATE ADJUSTMENTS:** |
| Standard starting rate is ***5 micrograms per minute. (0.3 ml per hour)*** * Do not increase rate more than every 10-15 minutes (rate reductions may be made more frequently)
* Rate increases should be in increments of 5 micrograms/ min, until a rate of 20micrograms/ min where increments should then be increased to 10-20 micrograms/ min. Maximum rate 200 micrograms/ min.
* Check BP *5, 10, 20 and 30 min* post any rate change
* Then, if no further rate change is required, recheck BP after 30 mins
* If the infusion rate has been unchanged for over 1 hour (i.e. 3 previous BP checks) the BP can now be checked hourly
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IMPORTANT: USE A PVC FREE GIVING SET

Do **NOT** flush at the end of an infusion, aspirate the cannula contents and then flush with sodium chloride 0.9%.

If the nurse administering the infusion has concerns at any time, please contact a doctor immediately for advice (ideally the prescribing doctor).

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| **INFUSION PREPARATION RECORD:** |
| Date | Drug | Total dose | Fluid type | Total volume | Set up by | Time | Checked by |
|  | GTN | 50 mg | undiluted | 50 ml |  |  |  |
|  | GTN | 50 mg | undiluted | 50 ml |  |  |  |
|  | GTN | 50 mg | undiluted | 50 ml |  |  |  |
|  | GTN | 50 mg | undiluted | 50 ml |  |  |  |
|  | GTN | 50 mg | undiluted | 50 ml |  |  |  |

**INFUSION RATES**

Increase infusion rates in stages, not more frequently than every 10-15 mins.

**Suggested Rates:**

5 micrograms/ min ≡ 0.3 mg/ hr

10 micrograms/ min ≡ 0.6 mg/ hr

20 micrograms/ min ≡ 1.2 mg/ hr

30 micrograms/ min ≡ 1.8 mg/ hr

40 micrograms/ min ≡ 2.4 mg/ hr

50 micrograms/ min ≡ 3.0 mg/ hr

Up to a maximum of 200 micrograms/ min (12 mg/ hr) in **gradual steps.**

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| **RATE OF GTN INFUSION:** |
| Date | Time | Pulse | BP | Checked by (Nurse sign) | New infusion rate or “no change” (mg/ hour) | Rate adjusted by Nurse sign | Comments |
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