



## Intravenous (IV) Nitroglycerin Quality Control Form

Date: \_\_\_\_\_ Incident #: \_\_\_\_\_

Agency: \_\_\_\_\_ Provider Certification #: \_\_\_\_\_

Patient Info: Age: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg

Indication for Use (check):

Crackles  Peripheral Edema  Jugular Venous Distention (JVD)

Noninvasive Measures Used Prior to IV NTG (check):

NRB  CPAP@ \_\_\_\_\_ cmH<sub>2</sub>O  Other: \_\_\_\_\_

Pharmacological Agents

Nitroglycerin (Sublingual)	Dose: _____ mg	Route: <input type="checkbox"/> SL
Furosemide	Dose: _____ mg	Route: <input type="checkbox"/> IV
Dopamine	Dose: _____ mcg/kg/min	Route: <input type="checkbox"/> IV
Nitroglycerin (IV)	Dose: _____ mcg/min	Route: <input type="checkbox"/> IV
Versed	Dose: _____ mg	Route: <input type="checkbox"/> IV <input type="checkbox"/> IN <input type="checkbox"/> IM

Blood Pressure Pre: \_\_\_\_\_ mmHg During: \_\_\_\_\_ mmHg Post: \_\_\_\_\_ mmHg

Complications (check):

Hypotension

Outcomes (check):

Improvement of Respiratory Distress  
 Reduction of BP to 140/90  
 No Change