

GLYCERYL TRINITRATE (*Anginine or Nitrolingual pumpspray*) (B2)



TYPE:	Nitrate smooth muscle relaxant and vasodilator [S3]
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PRESENTATION:	<ul style="list-style-type: none"> • White 300mcg or 600mcg sublingual tablets. • Metered dose pump spray – multiple patient use 400mcg/dose – 200 dose bottle
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ACTIONS:	<ol style="list-style-type: none"> 1. Arterial and venous vasodilation 2. Dilation of collateral coronary vessels
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USES:	ICP	1. Relieve cardiac pain of ischaemic origin	AP
	ICP	2. Relieve acute pulmonary oedema	AP
	ICP	3. Management of autonomic dysreflexia	AP

ADVERSE EFFECTS:	<ol style="list-style-type: none"> 1. Hypotension 2. Headache 3. Flushing of skin 4. Occasionally - bradycardia
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CONTRA-INDICATIONS:	<ol style="list-style-type: none"> 1. Do not administer if systolic BP is <90mmHg 2. Do not administer if heart rate is <50/min (this does not apply to patients with autonomic dysreflexia) 3. Noting that patients of all genders are prescribed the following medications for a range of conditions: <ol style="list-style-type: none"> a) do not administer GTN if patient has taken sildenafil (<i>Viagra</i>), vardenafil (<i>Levitra</i>) or avanafil (<i>Spedra</i>) within the past 24 hours b) following the last dose of tadalafil (<i>Cialis</i>), do not administer GTN within 4 to 5 days in the elderly and those with renal impairment, or 3 to 4 days in all other patients 4. Known hypersensitivity
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PRECAUTION:	Be cautious in the event of suspected right ventricular ischaemia/infarct – have fluids running, and use nitrates with caution.
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GLYCERYL TRINITRATE (*Anginine or Nitrolingual Pumpspray*) (B2) – cont.



NOTES:

- Tablet should fizz under tongue if it is still potent
- Use tablets within 3 months of opening bottle
- The container **MUST** be dated when first opened
- Prior to use for the first time (i.e. when the bottle is first opened), prime the pumpspray by pressing the nozzle 5 times, directing away from any person/animal
- Prior to subsequent uses, prime the pumpspray by pressing the nozzle once

ADMINISTRATION:

- During administration, the patient should be sitting, so that the bottle stays vertical
- **Prior to each use**, prime the pumpspray as appropriate
- Hold the nozzle head as close to the open mouth as possible, and spray sublingually
- Instruct the patient to close mouth immediately after each dose – do not inhale or swallow
- **Following each use**, wipe down the pumpspray with an alcohol wipe (discard if significantly contaminated). Pumpspray may be used for multiple patients when maintained in this way.

DOSES:

CHEST PAIN		
ADULT:		
ICP	1 tablet (600mcg) or 1 metered dose (400mcg) sublingually. Repeat every 5 minutes if pain persists, up to a total of 3 doses. If patient has not previously used nitrates or if systolic BP is between 90-110mmHg, give 300mcg tablet. Repeat 300mcg tablet once, if necessary.	AP
PAEDIATRIC:		
	Not used.	

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ACUTE PULMONARY OEDEMA

ADULT:

ICP	1 tablet sublingually (300 or 600mcg). Repeat every 5 minutes if in severe respiratory distress (max. 1800 mcg) OR 1 metered dose (400mcg), sublingually. Repeat every 5 minutes if in severe respiratory distress (max. 1600 mcg). If patient has not previously used nitrates or if systolic BP is between 90-100mmHg, give 300mcg tablet. Repeat 300mcg tablet once, if in severe respiratory distress.	AP
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PAEDIATRIC:

Not used.

AUTONOMIC DYSREFLEXIA

ADULT:

ICP	300mcg tablet sublingually or 1 metered dose (400mcg) sublingually If little or no effect – repeat up to two times (total 3 doses), with 5 minutes between doses, monitoring BP.	AP
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PAEDIATRIC (12 – 16 years): Tablet use only

ICP	Half adult dose (150mcg) sublingually. If little or no effect – repeat up to two times (total 3 doses), with 5 minutes between doses, monitoring BP.	AP
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