THE STUDY VAULT

Clinical Chaos

Sublingual Medication Administration

SKILL SNAPSHOT

Purpose
- Allows medication to dissolve under the tongue for rapid absorption through oral mucosa and reduced first-pass metabolism.

When to use
- Medication is specifically ordered/formulated for sublingual use, such as selected nitroglycerin or other rapid-onset therapy.

Supplies needed
- MAR/order; sublingual tablet/spray; gloves if handling mucosa; timer; medication-specific monitoring equipment.

PREP + PATIENT SETUP
- Verify medication rights, allergies, dose, timing, last dose, maximum dose, and hemodynamic/clinical parameters.
- Assess alertness, swallowing risk, oral mucosa/moisture, and medication-specific vitals.

VAULT TIP
- Under the tongue means rapid effect—position safely, monitor closely, and reassess before every repeat dose.

STEP-BY-STEP
1. Hand hygiene; identify patient with two identifiers; compare medication with MAR/order.
2. Complete required assessment. For nitroglycerin, assess pain, BP, HR, recent PDE-5 inhibitor use, and contraindications.
3. Position patient sitting or lying down to reduce fall risk from dizziness or hypotension.
4. Ask patient to rinse or moisten mouth with a small sip of water if dry and if allowed.
5. Apply gloves if direct mucosal contact is expected.
6. Place tablet under tongue, or administer spray onto/under tongue exactly as manufacturer directs. Do not inhale spray.
7. Instruct patient to close mouth and let medication dissolve completely without chewing, swallowing, or talking unnecessarily.
8. Do not give food, drink, tobacco, or oral medication until the sublingual dose has dissolved and product guidance allows.
9. Stay with patient when rapid effects or hemodynamic change are possible.
10. Reassess symptoms, BP, HR, pain, consciousness, and adverse effects at the medication-specific interval.
11. Repeat only if the order/protocol, timing, maximum dose, and reassessment criteria are met.
12. If symptoms persist or instability develops, activate the prescribed emergency/escalation plan; do not delay definitive care.

SAFETY REMINDERS
- Never substitute sublingual and buccal routes.
- Do not give to an unresponsive patient unable to protect the airway unless a specific emergency protocol supports it.
- Nitroglycerin plus PDE-5 inhibitors can cause profound hypotension.
- Do not redose without reassessment.

COMMON MISTAKES
- Allowing patient to swallow tablet.
- Giving while patient stands.
- Skipping BP/contraindication check.
- Redosing by the clock without reassessment.

DOCUMENTATION
- Medication, dose, route, time.
- Required pre/post assessment.
- Symptom/pain response.
- Repeat doses and total given.
- Adverse effects, teaching, escalation.