

# Southern Illinois Regional EMS System

## II-31.2 NITRONOX ADMINISTRATION RECORD

|                |         |       |        |     |
|----------------|---------|-------|--------|-----|
| <b>PATIENT</b> | Name    | Phone | DOB    | Age |
|                | Address |       | Origin | Sex |
|                | City    | State | Zip    | SSN |

***N<sub>2</sub>O Contraindications (Check those that apply)***

Chief Complaint: \_\_\_\_\_

Location and Type of Pain or Injury: \_\_\_\_\_

1. Chest Pain
2. Altered LOC
3. Head or Chest Injury / Thoracic Trauma
4. Facial Trauma / Eye injury
5. Recent Alcohol or Drug Use
6. COPD/Asthma
7. Shock
8. Abdominal Distension/Bowel obstruction
9. Inability to follow instructions (children, dementia)
10. Pregnancy
11. Developing cyanosis or respiratory Distress with NO<sub>2</sub>
12. O<sub>2</sub> Sats < 90% prior to NO<sub>2</sub>

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|---------------------------|--|
| Administration Start Time |  |
| Discontinued at           |  |
| Total time Administered   |  |

|   |           |  |
|---|-----------|--|
| Time and Type of Administration request | Radio     |  |
|   | Protocol  |  |
|   | Telephone |  |

Medical Control Physician \_\_\_\_\_

|                                      |        |   |   |   |   |   |   |   |   |   |    |          |
|--------------------------------------|--------|---|---|---|---|---|---|---|---|---|----|----------|
| Patient Description of Pain at start | (Mild) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | (severe) |
|--------------------------------------|--------|---|---|---|---|---|---|---|---|---|----|----------|

|                                    |        |   |   |   |   |   |   |   |   |   |    |          |
|------------------------------------|--------|---|---|---|---|---|---|---|---|---|----|----------|
| Patient Description of Pain at End | (Mild) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | (severe) |
|------------------------------------|--------|---|---|---|---|---|---|---|---|---|----|----------|

|              | Time | Pulse | Respiration | B/P | Pupils | Skin | LOC | Regulator Read |
|--------------|------|-------|-------------|-----|--------|------|-----|----------------|
| Before Admin |      |       |             |     |        |      |     |                |
| During Admin |      |       |             |     |        |      |     |                |
| After Admin  |      |       |             |     |        |      |     |                |

Noted Side Effects or Change: \_\_\_\_\_  
in this patients Condition

**Signature of Attendant Administering** \_\_\_\_\_