Aspirin

McHenry Western Lake County
EMS
Objectives

- During this session we will discuss:
  - Class
  - Actions
  - Indications
  - Contraindications
  - Dosing/Routes
  - How supplied
  - Precautions
  - Side effects
Class:

- Non-narcotic analgesic, non steroidal anti-inflammatory.
**Actions:**

- Blocks platelet aggregation (clumping) to keep clot from getting bigger in the Acute Coronary Syndrome.
- Blocks prostaglandin release (antipyretic, analgesic)
- Anti-inflammatory agent
A prostaglandin is any member of a group of lipid compounds that are derived enzymatically from fatty acids and have important functions in the body.
A blood clot forms when blood cells and fibrin strands clump together. A clot that blocks blood flow is called a thrombus.
Indications:

- Acute coronary syndromes, angina, unstable angina, Acute Myocardial Infarction.
Dosing/Routes:

- 324 mg chewable tabs (baby Aspirin) or 4 81mg tabs
How supplied:

• 81mg individually packaged tablets
Contraindications:

- Hypersensitivity to Salicylates, allergic to ASA
- currently vomiting
- clotting or bleeding disorders (hemophilia, low platelet count)
- >6mo pregnant
- Active peptic ulcer disease, severe liver disease.
Precautions:

• Anemia
• Hepatic disease
• Renal disease
• Pre/Postoperatively
• Gastritis
Side effects/adverse reactions:

- EENT: Ringing in the ears
- GI: Nausea/Vomiting
- GI: Irritation and Bleeding
- Hematology: Increases bleeding times (PT and PTT)
- Resp: Wheezing and Hyperpnea

Ref: MWLCEMS Protocol and 2000 Mosby’s Nursing Drug Reference Book
Case Study

• You are treating a 60 year old male who is complaining of substernal radiating chest pains.
• He has no past medical history and takes no medications and is allergic to no meds.
• You have decided to treat him under the ACS Protocol.
• What would the dose of Aspirin be for this patient?
Answer

• He would receive 324mg of ASA by PO route. (by mouth)
• Each tablet is supplied as an 81mg individual tablet, so he would receive 4.
• Are we giving the ASA to him to treat his chest pains?
Answer

• NO!!
• We are actually treating him for his suspected clot by blocking the platelet aggregation to keep the clot from getting bigger.