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:

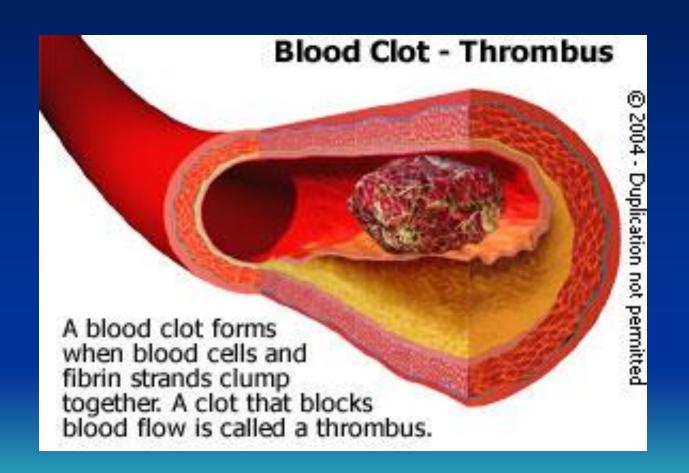
 Non-narcotic analgesic, non steroidal antiinflammatory.

Actions:

- Blocks platelet aggregation (clumping) to keep clot from getting bigger in the Acute Coronary Syndrome.
- Blocks prostaglandin release (antipyretic, analgesic)
- Anti-inflammatory agent

Prostaglandin

 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.



Indications:

 Acute coronary syndromes, angina, unstable angina, Acute Myocardial Infarction.

Dosing/Routes:

 324 mg chewable tabs (baby Aspirin) or 4 81mg tabs

ASPIRIA!

How supplied:

81mg individually packaged tablets



Contraindications:

- Children < 18
- AMS
- Chest pain following recent trauma prior to CT
- Possible Stroke or ICH
- Currently vomiting; surgery within 2 wks
- Bleeding disorders
- > 6 mo 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: Asthma patients may have ASA sensitivity; cause bronchospasm
- 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.

Question?

 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.