

ASPIRIN

INDICATIONS FOR USE IN AN ACUTE CORONARY EVENT:

Patient exhibits any of the following signs or symptoms:

- ✓ Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest that lasts more than a few minutes or goes away and comes back
- ✓ Pain that spreads to the shoulders, neck or arms
- ✓ Chest discomfort with lightheadedness, fainting, sweating, nausea, or shortness of breath
- ✓ Patient exhibits any 2 of the following signs or symptoms, and you think it is of cardiac origin:
- ✓ Atypical chest pain, stomach or abdominal pain. This may include discomfort that can be localized to a point that is “sharp” in nature, that is reproducible by palpation, or that is in the “wrong” location (such as the upper abdomen).
- ✓ Unexplained nausea (without vomiting) or lightheadedness (not vertigo)
- ✓ Without chest pain
- ✓ Shortness of breath and difficulty breathing, without chest pain
- ✓ Unexplained anxiety, weakness, or fatigue.
- ✓ Palpitations, cold sweat, or paleness.

CONTRAINDICATIONS FOR USE:

- ✓ Patient is allergic to **aspirin** or ibuprofen (Motrin®, Advil®)*.
- ✓ If they have just taken aspirin for this event, do not administer aspirin.

PROCEDURE:

1. ALS/ILS upgrade and evaluation required unless ALS/ILS is unavailable.
2. Ensure the patient is alert and responsive.

3. If the patient has their own nitroglycerin and meets the criteria for administration, do not delay in administering nitroglycerin.
4. Administer 325mg[†] of aspirin.
5. Record your actions, including the dosage and the time of administration.

*Also, any non-steroidal anti-inflammatory drug (NSAIDS)

†Four baby aspirin or 1 adult aspirin