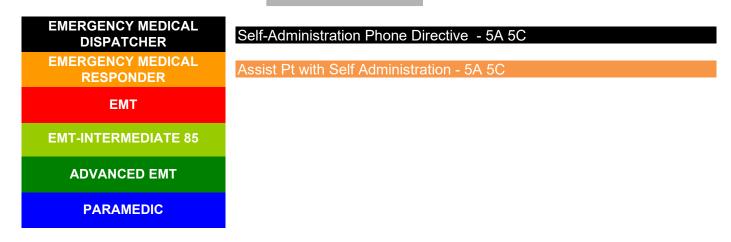


## EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, replaces all prior versions

16E – ASPIRIN



Class: Anti-Platelet

**Actions/Pharmacodynamics:** Inhibits platelet aggregation (and thereby, further clot formation). This action results in an overall increase in survival from acute myocardial infarction.

 Indications: Chest Pain - Uncertain Etiology (5A) ≥ 35 years of age Acute Coronary Syndrome (5C)
Contraindications: Active gastrointestinal bleeding History of aspirin allergy including angioedema and/or anaphylaxis History of asthma with aspirin-induced exacerbation

**Pharmacokinetics:** Absorption in stomach and small intestine, with onset of action within 30 minutes and duration of action for several hours.

**Side Effects:** Typically, none from single EMS dosing. Rare instances of nausea or allergic reaction could be encountered. Treat allergic reaction per Protocol 8D - Acute Allergic Reactions.

Dosage:Chest Pain - Uncertain Etiology - Adult (5A)Acute Coronary Syndrome - Adult (5C)324 OR 325 mg chewed by patient (hold if taken 324+mg within 6 hours)

How Supplied: 81 mg tablets 325 mg tablets (Always check concentration and dose per container at time of patient medication administration)

**Special Comment:** Aspirin is indicated even if the patient is taking warfarin sodium (Coumadin<sup>®</sup>), clopidogrel (Plavix<sup>®</sup>), or other anticoagulant or antiplatelet agents on a daily basis.