



EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



Approved 11/6/19, Effective 1/15/20, replaces all prior versions

16E – ASPIRIN

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|------------------------------|
| EMERGENCY MEDICAL DISPATCHER |
| EMERGENCY MEDICAL RESPONDER |
| EMT |
| EMT-INTERMEDIATE 85 |
| ADVANCED EMT |
| PARAMEDIC |

Self-Administration Phone Directive - 5A 5C

Assist Pt with Self Administration - 5A 5C

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) \geq 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[®]), clopidogrel (Plavix[®]), or other anticoagulant or antiplatelet agents on a daily basis.