

ASPIRIN

PHARMACOLOGY & MECHANISM OF ACTIONS:

- ❑ Aspirin is a platelet aggregator inhibitor/anti-inflammatory. Therapeutic actions of aspirin are the prevention of blood clot formation (specifically in coronary arteries), decrease of inflammation, pain control, and decrease of fever.
- ❑ Prevention of platelet clumping and blood clot formation by irreversible changes in platelet shape and function.
- ❑ The analgesic, anti-inflammatory, and antipyretic effects are due to blocking prostaglandins
- ❑ Onset of actions expected in 5-30 minutes, with peak effect in 2-4 hours

INDICATIONS:

- ❑ Suspected cardiac related chest discomfort

CONTRAINDICATIONS:

- ❑ Suspected aortic dissection
- ❑ Aspirin allergy (history of hives, angioedema, or asthma induced by aspirin)
- ❑ Current ulcer or GI bleeding as evidenced by frank hematemesis or coffee ground emesis, or melena per rectum

ADMINISTRATION:

	ADULT	PEDIATRIC
EMR	<ul style="list-style-type: none">❑ Have patient chew and swallow four (4) x 81 mg chewable tablets (total 324 mg) of baby aspirin.	EMR

PRECAUTIONS & SIDE EFFECTS:

- ❑ High doses of aspirin may cause ringing in the ears
- ❑ Heartburn
- ❑ Nausea
- ❑ Vomiting
- ❑ Pregnancy Category D.
- ❑ Use caution with patient's with asthma

SPECIAL NOTES:

- ❑ Adverse reactions and effects may be increased by concomitant use of other NSAIDs
- ❑ If patient states, "My doctor said I can't take aspirin" Question as to why. Unless patient describes and allergic type reaction, patient most likely can have dose. Consider OLMC
- ❑ It is OK to administer even if the patient has taken their daily ASA