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01/28/20 Revised:

INDICATIONS:

Patient with own aspirin and chest pain consistent with cardiac origin who is awake and alert.

CONTRAINDICATIONS:

- Known aspirin allergy
- History of bleeding disorder or recent GI bleeding (including ulcers)
- History of asthma and nasal polyps
- History unreliable or unobtainable
- Patient's aspirin is expired or obviously deteriorated

EQUIPMENT:

- Personal protective equipment (PPE)
- Blood pressure cuff and stethoscope
- Oxygen delivery equipment

PROCEDURE:

- Assure that ALS responders are en-route
- Perform a complete assessment on the patient to include medical history, medications, and allergies to medication
- Place patient in a position of comfort and administer oxygen at a flow rate that is appropriate for the patient and condition
- If patient is having active chest pain or discomfort, ask if they have already taken a dose of aspirin
- If aspirin taken, determine how much has been taken and when it was taken
- If not contraindicated and no aspirin has previously been taken, assist patient in chewing or swallowing either four "baby" (81 mg) tablets or one 325 mg tablet
- Resume oxygen therapy after administration of medication
- Update vital signs five (5) minutes after administration and document

DOCUMENTATION:

- Complete Assessment including initial and updated vital signs
- Description of the need to assist the patient with aspirin
- Time for aspirin assisted administration and brand name of aspirin taken

NOTES:

- Give detailed report to ALS personnel when they arrive, including time(s) and dose(s) aspirin taken by patient
- Refer to Standing Order SO-C-15 for the BLS/ALS management of the patient with chest pain or discomfort

Approved:

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