Medical Control Guideline: DRUG REFERENCE – ASPIRIN

Classification
Non-steroidal anti-inflammatory drug (NSAID)
Platelet Inhibitor

Prehospital Indications
Chest Pain – Suspected Cardiac
Chest Pain – STEMI

Other Common Indications
Mild to moderate pain
Prophylactic use in the primary prevention of cardiovascular disease

Adult Dose
325mg nonenteric/chewable tablets PO

Pediatric Dose
Not recommended for pediatric administration in the out-of-hospital setting

Mechanism of Action
Inhibits platelet aggregation, inhibits synthesis of prostaglandin by cyclooxygenase, has antipyretic and analgesic activity

Pharmacokinetics
Onset is 5-30 min,

Contraindications
Known aspirin allergy, bleeding GI ulcers
Should not be administered to pediatric patients

Interactions
Anticoagulants and alcohol abuse potentiates risk of bleeding

Adverse Effects
GI bleeding
Prolonged bleeding time

Prehospital Considerations
• Chewing allows for rapid absorption. Chewable preparations are preferred, because it is less likely to provoke nausea but the pill can also be swallowed if chewable not available.
• A significant portion (7%) of patients with asthma may have aspirin sensitivity. Careful respiratory monitoring should be performed on all patients with history of asthma who receive aspirin in the prehospital setting.
• Tinnitus can be a clinical symptom of aspirin overdose