

**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