



## EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

### 16E – ASPIRIN

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)  
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.