Aspirin for Acute Coronary Syndrome (ACS)

EMTs are authorized to administer four 81 mg baby aspirins (324 mg) for patients with ACS.
Effective January 1, 2009
(This is an update to the 2001 Standing Order for EMT-B administration of aspirin)

INDICATIONS FOR USE

Patient exhibits any of the following signs or symptoms:

1. Uncomfortable pressure, fullness, squeezing or pain in the chest that lasts more than a few minutes, or goes away and comes back.
2. Chest pain with or without radiation to the shoulders, neck, arms or back.
3. Chest discomfort with or without lightheadedness, fainting, sweating, nausea, or shortness of breath.

-OR-

Patient exhibits any of the **two** following signs or symptoms, when ACS is suspected:

1. Atypical chest pain, stomach, or upper abdominal pain. This may include discomfort that can be localized to a point that is "sharp" in nature, that is reproducible by palpation, or that is in the "wrong" location (such as the upper abdomen).
2. Unexplained nausea (without vomiting) or lightheadedness (not vertigo) without chest pain.
3. Shortness of breath and difficulty breathing (without chest pain).
4. Unexplained anxiety, weakness, or fatigue.
5. Palpitations, cold sweat, or paleness.

CONTRAINDICATIONS FOR USE

1. Patient is allergic to aspirin
2. If they have taken 325 mg aspirin within 60 minutes for this event, do not administer additional aspirin.
3. Active or suspected GI bleeding

PROCEDURE:

1. Be sure that the patient is alert and responsive and meets indications and has no contraindications.
2. Have the patient chew and swallow four 81 mg baby aspirins (324 mg). Do not use enteric-coated aspirin.
3. If the patient has his/her own nitroglycerin and meets the criteria for administration, do not delay assisting with nitroglycerin administration.
4. Request paramedics if not already dispatched.
5. Record your actions, including the dosage and the time of administration.