

## **BLS PROVIDER ASSISTING WITH ASPIRIN FOR CHEST PAIN/CARDIAC ISCHEMIA**

### **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 two "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

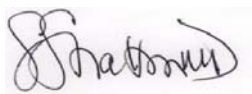
### **DOCUMENTATION:**

- 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 Treatment Guideline C-15 for the BLS/ALS management of the patient with chest pain or discomfort

Approved:



TxGuide:Aspirin for Chest Pain: B-25  
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