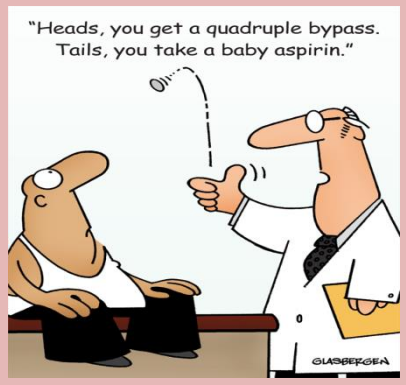
CPER digest February 2015

You are called to a residence to treat a patient complaining of chest pain. On arrival, the patient tells you that the pain has since subsided and upon further questioning, you determine that the patient had an episode of ischemic chest pain. The patient presents with stable vital signs and now has no complaints.



1. Should this patient still receive ASA?

   The answer is **YES** if all indications and conditions are met and no contraindications are found.

"If the myocardial ischemia symptoms resolve prior to the arrival of the Paramedics, a decision to administer ASA will be made based on patient assessment(s) and critical thinking" (OBHG, 2013).

2. Should ASA be given despite administration prior to the paramedic arriving?

   Evidence, as presented below, supports ASA administration promptly and should be administered to all patients who meet the medical directive and with clear incident history leading the paramedic to highly suspect cardiac ischemia. If the patient regularly takes ASA daily and compliance is confirmed, there is little or no value in giving an extra dose. If compliance cannot be determined it is very safe, acceptable and common practice for a health care provider to give the 160 mg and have them chew it now. If the patient took the ASA just prior to paramedic arrival and if it was given at the same dose and method (fast release ASA chewed), then it does not have to be repeated. If the patient took enteric coated ASA or an unknown pain reliever, then it is safe, acceptable and common practice to give the correct dose and route now.

   Supporting evidence:
   "One study found that aspirin, given before fibrinolysis, increased long-term survival. One study showed a benefit in STEMI patients with a decrease in in-hospital complications and 7- and 30-day mortality when given prehospital. There was clear evidence that aspirin is associated with a reduction in long-term mortality, which is greatest when the aspirin is administered in the first 4 hours of after an event" (O'Connor et al., 2010)

*** It is important to notify the hospital if ASA was **not given** so they may administer it to the patient in hospital ***

*** If the patient has a contraindication or a concern and does not consent to ASA administration, ensure that this information is passed onto the receiving facility and they can review again. There are alternatives to ASA that have similar mortality reduction properties ***

References:

O'Connor, R.E., Bossaert, L., Arntz, H.R.., Brooks, S.C., Diercks, D., Feitosa-Filho, G., Nolan, J.P., Vanden Hoek, T.L., Walters, D.L., Wong, A., Welsford, M., and Woolfrey, K.; on behalf of the Acute Coronary Syndrome Chapter Collaborators. Part 9: acute coronary syndromes: 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. *Circulation.* 2010;122(suppl 2):S422–S465.

OBHG. (2013, September). Reference and educational notes: Companion document for the advanced life support patient care standards. Retrieved from www.ontariobasehospitalgroup.ca

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