Aspirin Administration in Suspected Cardiac Related Chest Pain

The use of aspirin in suspected cardiac related chest pain patients is very important. However, given the protocol requirement to administer four 81mg aspirin tabs, there may be confusion related to when and if to dose a patient with additional aspirin if they have a history of already taking it. Additional confusion may occur as a result of the new pre-arrival instruction option as part of the 911 call-taking process for patients to self administer aspirin.

In essence, the desire is for a suspected cardiac related chest pain patient to receive aspirin contemporaneous to the episode of chest discomfort for which they contacted EMS. Therefore, the below guide should help bring some clarity.

1-If the patient has NOT taken any aspirin related to the episode of chest discomfort for which they contacted EMS, administer four 81mg aspirin tabs.

2-If the patient HAS taken a full dose 325mg aspirin (or four 81mg aspirin tabs) related to the episode of chest discomfort for which they contacted EMS, DO NOT administer any additional aspirin.
   -If the patient HAS taken only one or two 81mg aspirin tabs, administer the additional two or three 81mg aspirin tabs as needed.

2-If the patient HAS taken full dose aspirin at the direction of the 911 call-taker, DO NOT administer any additional aspirin.

3-If the patient has taken a full dose 325mg aspirin as part of their regular daily medication and not specifically related to the episode of chest pain for which they contacted EMS:
   -Less than 4 hours prior to calling EMS, DO NOT administer any additional aspirin.
   -More than 4 hour prior to calling EMS, administer four 81mg aspirin tabs.

As always, if there is any question as to if aspirin should be administered, contact Medical Control for advice and direction.

Respectfully,
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EMS Medical Director