Med of the Month

For any questions regarding March 2016 Med of the Month: Aspirin

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Professional Development Presents

March 2016 Medication of the Month

ASPIRIN

IN2730
OBJECTIVE: To discuss the uses, indications, and benefit of daily Aspirin regimen

BRAND NAME: U.S. Brand Names Ascriptin® Maximum Strength Ascriptin® Aspercin Aspergum® Aspirtab Aspirin: Bayer® Aspirin Extra Strength Bayer® Aspirin Regimen Adult Low Dose], Bayer® Aspirin Regimen Children's Bayer® Aspirin Regimen Regular Strength Bayer® Genuine Aspirin Bayer® Plus Extra Strength Bayer® with Heart Advantage Bayer® Women's Aspirin Plus Calcium Bayer® Women's Low Dose Aspirin [OTC,] Buffasal Bufferin® Extra Strength, Bufferin®, Buffinol, Easprin® Ecotrin® Low Strength Ecotrin® Maximum Strength Ecotrin® Genacote™ Halfprin® St. Joseph® Adult Aspirin ZORprin®

INDEX TERMS: Acetylsalicylic Acid, ASA, and Baby Aspirin

PHARMACOLOGIC CATEGORY
Antiplatelet Agent
Salicylate
Platelet Aggregation Inhibitor
Non-opioid analgesic
Non-steroidal anti-inflammatory (NSAID)

Route/Dosage and Administration:

Adult dosing:
For most cardiovascular indications, maintenance dose of 81mg po daily.

Analgesic, antipyretic:
325 to 650 mg by mouth as needed every 4 hours,
or 975 mg po every 6 hours prn,
or 500 to 1,000 mg po every 4 to 6 hours prn for no more than 10 days
Maximum daily dose: 4 g/day.
Rectally 300 to 600 mg every 4 hours prn for no more than 10 days

Acute ischemic Stroke/TIA:
(Off label use) Initial dose 160 to 325 mg immediate release aspirin within 48 hours of stroke/TIA onset, followed by 75 to 100 mg once daily. The AHA/ASA recommends an initial dose of 325 mg within 24 to 48 hours after stroke; do not administer aspirin within 24 hours after administration of alteplase (Jauch, 2013).
For prevention of first stroke in women at high risk, primary prevention: 81 mg immediate release aspirin by mouth once daily or 100 mg every other day.

Extended-release capsule 162.5 mg by mouth once daily as a maintenance dose. Not for initial dosing during acute ischemic stroke or TIA -- use immediate release aspirin.

- There are many other off-label uses and dosing, see Lexicomp Online for complete information.

Pediatric Dosing:
- Do not use aspirin in children less than 12 years of age or adolescents who have or are recovering from chicken pox, flu or viral illness due to the association with Reyes’ syndrome.

Geriatric Dosing:
See adult dosing

Possible Side Effects:
- Allergic reaction -- itching or hives, swelling of face or hands, swelling or tingling of mouth or throat, chest tightness, difficulty breathing
- Bloody or black stools, bloody vomit or vomit that looks like coffee grounds
- Chest tightness, wheezing
- Ringing in the ears
- Severe stomach pain
- Unusual bleeding, bruising, or weakness

Medication Safety Issues
- Look alike-sound alike -- brand names may be confused with other drugs:
  - Aspirin / Afrin
  - Ascriptin / Aricept
  - Ecotrin / Edecrin, Epogen
- International brand name Cartia may be confused with US brand Cartia XT which is diltiazem.
- Is considered high risk medication for geriatric patients per Beers criteria due to increased risk of GI bleeding, peptic ulcer disease. Avoid aspirin greater than 325mg daily in patients > 65 years unless patient can receive gastro-protective agent, or patients > 75 years on corticosteroids, anticoagulants or antiplatelet agents. Use with caution in patients > 80 years for primary prevention of cardiac events.
**Contraindications**
Allergy to salicylates, hypersensitivity to NSAIDs, asthma, rhinitis, and nasal polyps. Do not use in children or teenagers for viral infections, with or without fever.

**Warnings/Precautions**

**Concurrent drug therapy issues:**

- Alteplase: In the treatment of acute ischemic stroke, avoid aspirin for 24 hours following administration of alteplase; administration within 24 hours increases the risk of hemorrhagic transformation.

- Clopidogrel: Concurrent use of aspirin and clopidogrel is not recommended for secondary prevention of ischemic stroke or TIA in patients unable to take oral anticoagulants due to hemorrhagic risk.

COX-2 inhibitors/NSAIDs: When used concomitantly with ≤325 mg of aspirin, NSAIDs (including selective COX-2 inhibitors) substantially increase the risk of gastrointestinal complications (e.g., ulcer); concomitant gastro-protective therapy (e.g., proton pump inhibitors) is recommended.

- Drug-drug interactions: Potentially significant interactions may exist, requiring dose or frequency adjustment, additional monitoring, and/or selection of alternative therapy. Consult drug interactions database for more detailed information.

**Administration: Oral**
Immediate-release tablets: Do not crush enteric-coated tablet. Administer with food or a full glass of water to minimize GI distress. In situations for which a rapid onset of action is required such as acute treatment of MI, have patient chew immediate-release tablet.

Extended-release capsules: Do not cut, crush, or chew. Administer with a full glass of water at the same time each day. Do not administer 2 hours before or 1 hour after alcohol consumption.

**Patient Education:**
- Discuss specific use of drug and side effects with patient as it relates to treatment.
- Patient may experience pyrosis or nausea. Have patient report immediately to prescriber severe dizziness, syncope, illogical thinking, significant headache, tinnitus, hearing
impairment, considerable dyspepsia, melena, hematemesis, ecchymosis, hemorrhaging, intolerable rectal pain or irritation, or hematochezia

- Educate patient about signs of a significant reaction (e.g., wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat. This is not a complete list of side effects.

**Center for Medicaid Medicare Core Measures**

**RBMC Core Measures in this Category**

- **ASPIRIN on Arrival** – Percent of heart attack patients with no medical reason not to take aspirin who received aspirin within 24 hours before or after hospital arrival
- **ASPIRIN prescribed on discharged** – Percent of heart attack patients with no medical reason not to take aspirin who were prescribed aspirin at hospital discharge

**NURSING IMPLICATION:**

- A critical role for the nurse is to DOCUMENT compliance with the Core Measures. Your healthcare organization’s performance on Core Measures is assessed with documentation. Timely documentation is extremely important.

**References:**

http://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/6388
https://www.micromedexsolutions.com/carenotes/librarian/ssl/true/ND

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