

Aspirin

AKA: Acetylsalicylic Acid, ASA, Bayer, Salcylate

Drug Classifications:

- Non Steroidal Anti-Inflammatory Drug (NSAID)
- Platelet Aggregation Inhibitor
- Anti-pyretic (fever reducer)

Dosage: 324 mg chewable as soon as chest pain occurs

Half life is 4 hours. However, the effects on the platelets are 7-10 DAYS.
There is no anti-dote for Aspirin

Aspirin inhibits the production of THROMBOXANE.

Thromboxane is the “glue” that makes platelets stick together.
Thromboxane is also a vasodilator.

TIPS and FYI:

Pain killer of choice for sunburns

Still considered the best medication for a migraine when combined with Tylenol and caffeine (Excedrin)

Do not ever give Aspirin containing products to anyone under 18 years of age with a suspected viral illness. This can cause Reyes Syndrome, a deadly disease.

Avoid administering Aspirin to asthmatics. It can lead to NSAID-precipitated bronchospasms.

Avoid administering to pts who are allergic to motrin or aleve, have a history of stomach ulcers or GI bleeding.

Other products that contain aspirin: Alka Seltzer, Pepto Bismol, Midol, Bufferin,

Heparin

AKA: Calcilean, Hepalean

Classification: Anti-coagulant

Dosage: 50 units/kg IVP (max 5000 u) bolus
+
10 units/kg/hour IV drip (initial max of 1000 u/hr)

Usual pre-mix is 2500 units mixed in 250 mL of fluid

Half-life of Heparin is one hour. The anti-dote for heparin is **Protamine**.

Binds with Antithrombin III to inhibit thrombin formation.

Antithrombin 3 is a thrombin inhibitor. When heparin binds to it, it becomes 100 times stronger.

Morphine

AKA: MS Contin, MSIR, Roxanol, MSIR, Oramorph

Classification: Narcotic Analgesic

Dosage: 2 mg increments to a maximum of 10 mg

Half Life is 2 hours* The anti-dote is **Narcan**.

Pain medication of choice for most cardiac related chest pain.

Blocks pain signals from reaching the brain by competing for the pain receptors.

Releases Histamine_____

!!!!!! Use Caution !!!!!!

Morphine (most narcotics for that matter) will also act as a respiratory depressant.

Morphine should be used sparingly in pt's with an inferior MI.

If you need to give Morphine, pre-medicate with benedryl IV to block the histamine release. This way you won't dump the blood pressure.

Retavase

AKA: Reteplase

Classification: Thrombolytic

Dosage: 10 units IVP 30 minutes apart times 2 doses.
15 minute half-life. Anti-dote is **Amicar**.

Actively breaks through the fibrin that holds a clot together

Retavase will break through any and all clots in your body.

Must review the list of absolute contraindications prior to administration

Now only suggested if >90 minutes from an emergent cath lab

Really should have at least 2 IV sites available prior to administration.

“Reperfusion Arrhythmias” are common and will also cause
“Paramedic Pucker Factor”

Nitroglycerin (NTG)

AKA: Tridil

Classification: Vasodilator and smooth muscle relaxant

Dosage:

- SL 0.4 mcg/spray: One under SL every five minutes times 3 doses
- Nitropaste: Half inch of Nitropaste to upper chest every 12 hours.
- IV drip 5mcg/min - _____ Titrate to PAIN and/or BLOOD PRESSURE

Half Life is 1-4 minutes. No Anti-dote.

Releases histamine.

Causes a wicked headache. Tylenol is pain killer of choice to Nitro Headaches.

Fluid boluses and shock positioning will reverse the hypotension portion of NTG side effects.

Many pt's take NitroBid or NitroDur for continuous dosing.

Contact Medical Control prior to administration if patient has taken Viagra, Cialis, or Levitra with the last 24 hours.

