



Medical Directive

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| Directive Number | <u>17-06</u> |
| Publish Date | <u>02 October 2017</u> |
| Effective Date | <u>06 October 2017</u> |
| Subject | Approval of MPD Aspirin Diagnostic and Instructions Guideline |
| Update to Clinical Operating Guidelines v 03.08.17 | |

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| Credentialed System Responder | Information |
| Credentialed EMT | Information |
| Credentialed EMT-Intermediate | Information |
| Credentialed EMT-Paramedic | Information |
| Credentialed EMD | Action |

The administration of aspirin in the setting of an acute myocardial infarction (AMI) has demonstrated effectiveness in the initial management of the patient presenting with an AMI and is included in the current ACCF/AHA Guidelines for Management of ST-Elevation Myocardial Infarction. Efforts to optimize the appropriate dispatch selection of patients advised to receive aspirin is essential to minimizing harm to patients while maximizing the benefit of aspirin in the patient experiencing an AMI.

Following review of the MPDS Aspirin Diagnostic and Instructions (MPDS version 13) used by EMDs when evaluating the appropriate need for administration of aspirin, the Medical Director approves the aspirin diagnostic and instructions with two exceptions.

1. ***With regard to the list of medications considered the “same as aspirin”, Excedrin and Goody’s Powder are NOT approved.***

These products typically include acetaminophen in addition to aspirin. Acetaminophen, while commonly used for pain and fever control, has minimal anti-inflammatory properties and does not interfere with clotting. It has not been shown to demonstrate any cardio-protective effects in the setting of acute myocardial infarction. In addition, due to metabolism of acetaminophen in the liver, administration could lead to unnecessary harm if given to patients with underlying liver disease.

2. ***In the Rules section, rule #4 is NOT approved.***

Considering the relatively short response times for first responders in our system and the risks (non-cardiovascular) associated with excessive aspirin dosing, it is prudent to await arrival of system credentialed responders at the patient’s side. Higher doses of aspirin have not been demonstrated to provide additional benefit to the AMI patient but may result in other potentially harmful effects.

Please review this information in preparation for the implementation of these changes on October 06, 2017 at 0700 hours

Thanks for all you do. Questions relating specifically to the COGs can be sent to cogs@austintexas.gov

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