

Aspirin use for heart emergencies

For local adaption to align with individual Care Home medicine policies

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Author	Approved By	Review date
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Consultation Process:

Name	Role	Comments	Date
Zoe Webb	Care Home Pharmacy Technician	Minor amendments	14/5/19
Steven Nelmes	Lead Care Home Pharmacist	Minor amendments	02/07/19
Sarah Clarke	Care Home Manager St Christopher's Care Home	Clear and helpful	15/5/19
Derry Bass & Darryll Byrom	NORARCH representatives	No comments	02/07/19
Jessica Gibbs	Advanced nurse practitioner	Clear and helpful	6/6/19
Charlotte Walker	EMAS Ambulance Operations Manager (Quality and Compliance)	No comments, happy with content	20/6/19
Park Avenue GPs	General Practitioners	No comments, happy with content	3/7/19

Aspirin Use Guidance

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1. Introduction	<p>Aspirin has been shown to reduce the risk after myocardial infarction (MI or heart attack) and in other vascular diseases in multiple randomised controlled trials. Administration immediately following a MI has been shown to significantly reduce the mortality (risk of death). As such aspirin is now widely accepted as an essential component in the early management of acute MI. Aspirin also has an important role to play in the management of unstable angina (chest pain), evidence suggesting the risk reduction of subsequent MI or death is greatly reduced.</p> <p>Locally there have been occasions when EMAS (East Midlands Ambulance Service) have advised the administration of aspirin to care home residents and there has not been stock available.</p> <p>This guidance aims to support care homes in having stock available and the necessary guidance to allow for the safe administration of aspirin in a timely way.</p>
2. Inclusion criteria	Any resident with a suspected cardiac (heart) event who has had administration authorised by the relevant Health Care Professional (HCP)(see 4. Authorisation).
3. Exclusion criteria	<p>Any individual with a documented <u>anaphylactic allergy</u> to aspirin. If an allergy to aspirin is recorded without the reaction, steps should be taken to ascertain the nature of the allergy and documented accordingly. Any allergy to aspirin should be communicated with the authorising HCP, so that an alternative can be considered. NB where the allergy is deemed to be an intolerance a clinical decision may be made to still administer where the potential benefit outweighs the risk. The carer should be guided by the authorising HCP.</p> <p>Residents on other forms of <u>anticoagulation</u> (for example warfarin, apixaban, rivaroxaban, clopidogrel) should be communicated to the authorising HCP. (Note: previous administration of aspirin is <u>not</u> a contraindication)</p> <p>Residents with <u>haemophilia and other bleeding disorders</u> should also be communicated to the authorising HCP.</p>
4. Authorisation	<p>The following Health Care Professionals are able to authorise the administration of aspirin for suspected cardiac event:</p> <ul style="list-style-type: none"> • GP • Non- medical Independent Prescriber (for example this may include Advanced

	<p>Nurse Practitioner or clinical pharmacists. NOTE: not all ANPs and pharmacists are prescribers)</p> <ul style="list-style-type: none"> • EMAS (East Midland Ambulance Service) call handlers • EMAS paramedics <p>The authorising HCP should repeat the instruction to administer to two separate care home members of staff, to ensure the message is the same and not misunderstood.</p>
<p>5. Storage & Record keeping</p>	<p>Aspirin 75mg and 300mg tablets (dispersible and plain, NOT EC) can be purchased over the counter from the home's usual community pharmacy.</p> <ul style="list-style-type: none"> • Upon receipt fill in the appropriate box on appendix 1: aspirin poster • As the aspirin is a medication it should be stored securely. This should be separate to individual resident's medication to avoid it being used in error for a resident. This should also be stored separately from homely remedies or any self-care medicines. The location should also be easy to identify and access for use in an emergency. • Once a location is decided for the storage within the care home this should be documented on appendix 1: Aspirin Poster. • Ensure aspirin is stored in its original packaging together with any information supplied with the product about the medicines use (i.e. the patient information leaflet). • A monthly check must be carried out to: <ul style="list-style-type: none"> ○ Check balances; any discrepancies to be reported to the manager as soon as possible. ○ Check the expiry date; date expired stock should be disposed of in line with the care home's policy on the disposal of medication and new stock should be purchased.
<p>6. Administration</p>	<p>Following instruction from an authorising individual the resident should be given the aspirin tablet and told to chew it. Administration of aspirin should be done by a member of staff who is trained in administration of medication, according to the local protocol.</p>
<p>7. Documentation</p>	<p>The administration of any medication within a care home setting should be documented on the resident's MAR chart.</p> <p>The care plan should also have documentation of the resident's symptoms, the action taken, such as calling 999, and the administration of the aspirin. This should also include the name and qualification of the authorising HCP. (Note for EMAS staff it is usual for only the first name to be given).</p>
<p>8. References</p>	<p>'Heart Attack- Causes, Symptoms & Treatment' Available from: https://www.bhf.org.uk/information-support/conditions/heart-attack. Accessed: 14/05/19.</p> <p>'What to do in an emergency' Available from: https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/heart-emergencies/what-to-do-in-an-emergency Accessed: 14/05/19.</p> <p>Woollard M, Smith A, Elwood P. Pre-hospital aspirin for suspected myocardial infarction and acute coronary syndromes: A headache for paramedics? <i>Emergency Medicine Journal</i> 2001;18:478-481.</p>

Appendix One:

ASPIRIN use on for HEART EMERGENCIES (Including heart attack or angina) in Care Home Setting (residential or nursing)

Heart Red Flag symptoms:

- Centrally located pain; may radiate to the left arm/jaw region.
- Typically described as crushing pain or heaviness, like 'an elephant sat on my chest'.
- Sweatiness, nausea or pale skin.
- Chest pain on exercise.
- Associated light headedness or passing out and palpitations.

IF IN DOUBT CALL AN AMBULANCE; women, diabetic patients and the elderly may not experience chest pain.

Suspicion of heart emergency

PHONE 999

Immediately and ask for an ambulance

If an EMAS (East Midlands Ambulance Service) call handler or crew or GP advise for aspirin to be administered, this can be given, as instructed, from the care home supply kept specifically for this purpose.

[**CHECK ALLERGY STATUS** and if **OTHER ANTICOAGULANT** prescribed]

Document on MAR: administration.

Document in care plan: administration, name and role of whose authority this was done.

In

(name of care home)

Aspirin is kept.....

(location of stock)

Date stock received:

Care homes are responsible for ensuring they have a procedure outlining the use of aspirin in the care home setting to be used in conjunction with this document.