The Aspirin Diagnostic and Instruction Tool is designed to rule out those patients who are allergic to aspirin or who have internal bleeding. The protocol then asks if aspirin is available and, if it is, provides administration instructions. You should not use the Aspirin Diagnostic and Instruction Tool until you have completed all Key Questions and have sent the call for dispatch. After having completed the Aspirin Diagnostic and Instruction Tool, you go to Post-Diagnosis Instructions and proceed as you would with any other call. If certain PDIs appear to take precedence in an unstable patient, they should be provided first.

The Aspirin Diagnostic and Instruction Tool is designed similar to the Chief Complaint Protocol cards. The upper left-hand corner contains six DIAGNOSTIC QUESTIONS. Depending on the answer to each question, you are instructed either to “Do not proceed with aspirin instructions” and directed to go straight to Post-Diagnosis Instructions, or to ask the next diagnostic question. If the caller answers No to questions 1, 2 and 3, and Yes to question 4, you instruct the caller to “Get one adult aspirin/Bufferin or four baby aspirins and tell me when you have them” (question 5). When the caller returns to the phone you ask whether the caller has adult aspirin or baby aspirin (question 6).

Following question 6, you give the appropriate dosage administration instructions depending on the type available (adult or baby aspirin). The ADMINISTRATION INSTRUCTIONS are located just below the Diagnostic Questions. If the caller asks if the patient can take the aspirin with a drink, reply with the “(Request to wash down ASA)” instruction text.
For the sake of convenience, the Post-Dispatch Instructions, Critical Calltaker Information, and the DLS Links from Protocols 10 and 19 are duplicated on the Aspirin Diagnostic and Instruction Tool card.

The reverse side of the Aspirin Diagnostic and Instruction Tool card contains lists of medications containing aspirin, those medications that are not to be administered in place of aspirin, abbreviations, a Limitations Warning, and Rules for the use of the Aspirin Diagnostic and Instruction Tool. Prior to using the Aspirin Diagnostic and Instruction Tool you must be sure that local medical control has approved the use of this protocol. Be sure you have read and understand the rules for the use of this tool (see the Aspirin Diagnostic and Instructions Additional Information).

In ProQA, the Aspirin Diagnostic and Instruction Tool is even easier to use. After completing the Key Questions on either Protocol 10 (Chest Pain) or Protocol 19 (Heart Problems) and sending the response (the response may be sent prior to completing the Key Questions for some DELTA patients), you click on the ASA (Aspirin) button in the toolbar.
The **ASA** button also appears on the ProQA PDI/CEI tab.

Start by selecting one of the two buttons **1st Party Patient => 16** or **2nd Party Caller**. Your selection tells ProQA to phrase the subsequent questions for either a 1st or 2nd party caller. The first diagnostic question is then activated.
If the answer to this question is **YES**, you are directed to “Do not proceed with aspirin instructions. Return to normal PDI sequence.” Then click on the **Close** button at the bottom of the window to return to the KQ tab. Press the **Enter** button to proceed to the PDIs.

If the answer to question 1 is **NO**, question 2 is activated.

Once again, if the answer to this question is **YES**, you are directed to “Do not proceed with aspirin instructions. Return to normal PDI sequence.” If the answer is **NO**, question 3 is activated.
Once again, if the answer to this question is **YES**, you are directed to “Do not proceed with aspirin instructions. Return to normal PDI sequence.” If the answer is **NO**, question 4 is activated.

This time, if the answer to this question is **NO**, you are directed to “Do not proceed with aspirin instructions. Return to normal PDI sequence.” If aspirin or Bufferin is not available, there is no reason to give the aspirin administration instructions. If the answer to question 4 is **YES**, the **Recommendations** instruction is activated.
Read the instruction “Get one adult aspirin/Bufferin or four baby aspirins and tell me when you have them.” When you are told the caller has the aspirin ask “Which type do you have?” and then click on the appropriate response (ADULT or BABY). The appropriate Administration Instruction appears on the screen.

If the caller asks if it is okay to wash down the aspirin with a drink, click on the “Request to wash down ASA” button and read the response.

Click the Close button to return to the normal case sequence.

There are three additional buttons across the top of the Aspirin Diagnostic and Instruction Tool.

The Abbreviations button activates the following:

- **ASA** = aspirin (acetylsalicylic acid)
- **AMI** = acute myocardial infarction (heart attack)
The **Additional Information** button activates the following:

**Aspirin-Containing Medications**
For AMI early treatment purposes, the **following medications** (listed by their commonly known brand and generic names) **ARE the same as aspirin**:

- Alka-Seltzer (dissolve in water first)
- Anacin
- Ascriptin
- Asperbuf
- Aspergum
- Bayer
- BC Powder
- Bufferin
- Doan's pills
- Easpirin
- Ecotrin
- Empirin
- Excedrin (only if aspirin based; another variety contains acetaminophen)
- Goody's Powder
- Halfprin
- Measurin
- St. Joseph
- Vanquish

**Do NOT Use These Medications**
For AMI early treatment purposes, the following medications **ARE NOT the same as aspirin** and should **not be administered**:

- Advil (ibuprofen)
- Aleve (naproxen)
-Celebrex (celecoxib)
-Feldene (piroxicam)
-Indocin (indomethacin)
-Midol (acetaminophen)
-Motrin (ibuprofen)
-Nalfon (fenoprofen)
-Naprosyn (naproxen)
-Orudis (ketoprofen)
-Tylenol (acetaminophen)
-Vioxx (rofecoxib)

**Rules**
1. Aspirin-containing medications should **not be administered** to patients **under age 16**.
2. **1st party** callers should **not be asked** to locate any aspirin **outside** of their own home.
3. **2nd party** callers can be asked to have **someone else check** for aspirin with neighbors or others close by.
4. If the EMD **must hang up before** the caller has located the aspirin, the EMD should **tell the caller how to administer** the aspirin and then use the Urgent Disconnect on Case Exit.
5. If the patient is reported to have **just taken aspirin**, or **routinely takes aspirin**, it is **okay to advise** them to take the dispatch-recommended dose now. Since aspirin resistance is **quite common**, an additional dose should not commonly be a problem.
6. If the caller **asks** if the patient can **drink** something to wash down the chewed aspirin, tell them that they may use **just a mouthful of water** to wash it down.
7. If they have a medicine **not listed** in the Aspirin-Containing Medications, they should be advised **not to take it** unless they are sure it contains aspirin.
8. Protocol 19 (Heart Problems) may discover and handle some chest pain patients. The Aspirin Diagnostic should be used for **all patients presenting with non-traumatic chest pain**, including those identified using Protocol 19.

©2007 NAED All rights reserved.
The **Limitations Warning** button activates the following:

**Limitations Warning:**

These recommendations represent the **current best practice approach as defined and approved by the Academy's Council of Standards** regarding the **potential life- and heart-saving early administration of aspirin** in acute heart attack conditions. The Academy’s experts understand that aspirin administration **might have an untoward effect on a few patients**. However, **AMI is a HIGH RISK situation** and early aspirin administration clearly benefits significantly more patients than it might compromise.

Since this Diagnostic and Instruction Tool must be approved by the **local medical director**, and then activated by supervisory personnel, each center/EMS system must determine for itself the risk/benefit value of using this protocol for their patients.

Just as with the card version of the Aspirin Diagnostic and Instruction Tool, you must be sure that local Medical Control has approved the use of this protocol.

Be sure you know the rules for the use of this tool (see the Aspirin Diagnostic and Instructions Additional Information on previous page).