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Aspirin

amp and holding in front of pts nose and mouth; this is a temporary Tx until an IV is established to administer sodium nitrite; is a drug that is commonly abused because of its euphoric SEs (known as a “Popper”); related to nitroglycerin

**Aspirin# (Bayer, Ecotrin, St. Joseph’s) [OTC] [Antipyretic, Analgesic/Salicylate]** Uses: Angina; AMI Action: Prostaglandin inhibitor

**Dose: Adults.** *Acute coronary synd:* 160–325 mg PO ASAP (chewing preferred at onset) **Caution:** [C, M] Linked to Reye synd; avoid w/ viral illness in children

**Contra:** Allergy to ASA, chickenpox/flu Sxs, synd of nasal polyps, angioedema, & bronchospasm to NSAIDs **Disp:** Tabs 325, 500 mg; chew tabs 81 mg; EC tabs 81,

162, 325, 500, 650, 975 mg; SR tabs 650, 800 mg; effervescent tabs 325, 500 mg; supp 125, 200, 300, 600 mg **SE:** GI upset & erosion **Interactions:** ↑ Effects *W/*

anticoagulants, ammonium chloride, antibiotics, ascorbic acid, furosemide, methionine, nizatidine, NSAIDs, verapamil, EtOH, feverfew, garlic, ginkgo biloba, horse chestnut, kelpware (black-tang), prickly ash, red clover; ↓ effects *W/* antacids, activated charcoal, corticosteroids, griseofulvin, NaHCO<sub>3</sub>, ginseng, food; ↑ effects *OF*

ACEI, hypoglycemics, insulin, Li, MTX, phenytoin, sulfonamides, valproic acid; ↓ effects *OF* BBs, probenecid, spironolactone, sulfapyrazone **EMS:** Baby aspirin is preferred, enteric-coated aspirin should be avoided

**Atropine [Antiarrhythmic/Anticholinergic]** **WARNING:** Primary protection against exposure to chemical nerve agent and insecticide poisoning is the wearing of specially designed protective garments **Uses:** Preanesthetic; symptomatic bradycardia & asystole, organophosphate (insecticide) and acetylcholinesterase (nerve gas) inhibitor antidote **Action:** Antimuscarinic; blocks acetylcholine at parasympathetic sites, cycloplegic **Dose: Adults.** *Asystole or PEA:* 1 mg IV/IO push.

Repeat q3–5min (if asystole persists) to 3 mg max **Bradycardia:** 0.5–1.0 mg IV q3–5min as needed; max 3 mg; ET 2–3 mg in 10 mL NS **Poisoning:** 1–2 mg IV bolus, repeat q3–5min PRN to reverse effects **Peds.** *Asystole or PEA:* 0.01–0.03 mg/kg IV q2–5min, max 1 mg, min 0.1 mg **Preanesthetic:** 0.01 mg/kg/dose SQ/IV (max 0.4 mg)

**Poisoning:** 0.05 mg/kg IV, repeat q10min PRN to reverse effects **Caution:** [C, +]

**Contra:** tach, glaucoma **Disp:** *Inj:* 0.05, 0.1, 0.3, 0.4, 0.5, 0.8, 1 mg/mL **AtroPen Autoinjector:** 0.5, 1, 2 mg/dose **MDI:** 0.36 mg/inhal **SE:** Flushing, mydriasis, tach, dry mouth & nose, blurred vision, urinary retention, constipation, psychosis **Interactions:** ↑ Effects *W/* amantadine, antihistamines, disopyramide, procainamide, quinidine, TCA, thiazides, betel palm, squaw vine; ↓ effects *W/* antacids, levodopa; ↓ effects *OF* phenothiazines **EMS:** Use caution in pts w/ suspected MIs (use lower dose); reflex bradycardia may occur if administered in small doses; may work in 2nd-degree, do not use in 3rd-degree heart block (use transcutaneous pacing); SLUDGE are Sxs of organophosphate/carbamate/nerve gas poisoning—personal safety is the priority in cases of nerve or pesticide exposure; large doses may be required to treat S/Sxs of SLUDGE and is used in combination w/ valium and 2-PAM

**Atropine/Pralidoxime (2-PAM) (DuoDote, NAAK, Mark-1) [Antiarrhythmic/Anticholinergic/Antidote]** **WARNING:** For use