

# Aspirin

## 300mg soluble tablet

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**Note:**

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

## Dose and Indications

### Thromboprophylaxis post cardiac surgery

**Oral**

1 to 5mg/kg once daily

## Preparation and Administration

**Oral**

Disperse a 300mg tablet in 30mL of sterile water; this will give a 10mg/mL aspirin mixture.

The mixture should be stirred intermittently for a few minutes while dispersing. Before withdrawing dose, "pump" the mixture in and out of the syringe four times to ensure the best possible drug distribution.

Dose	1mg	2mg	3mg	4mg	5mg
Volume	0.1mL	0.2mL	0.3mL	0.4mL	0.5mL

Withdraw dose and administer immediately. Use a fresh tablet for each dose and discard any remaining solution.

## Adverse Effects

**Common**

Nausea, vomiting, abdominal pain, gastrointestinal upset, asymptomatic blood loss

**Infrequent**

Dyspnoea, rhinitis, severe cutaneous adverse reactions (SCARs), skin reactions, gastrointestinal haemorrhage

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### Rare

Reye's syndrome (more common with doses >40mg/kg/day), aplastic anaemia, erythema nodosum, granulocytosis, haemorrhagic vasculitis, intracranial haemorrhage, nausea, thrombocytopenia, vomiting

### Allergic reaction

Bronchospasm, angioedema, urticaria and rhinitis have been precipitated by aspirin; there is cross-reactivity with other non-steroidal anti-inflammatory drugs (NSAIDs)

### Monitoring

- > Monitor for symptoms of salicylism including sweating, vomiting, nasal congestion and slight hyperpyrexia. Symptoms of severe salicylate toxicity include hyperventilation, restlessness, irritability, hyperthermia and alterations in acid-base balance, primarily respiratory alkalosis.

### Practice Points

- > The use of aspirin in infants for the treatment of fever and muscle ache associated with viral illness should be avoided due to the association with Reye's syndrome
- > Use with caution in renal impairment, allergic disease, anaemia, dehydration, G6PD deficiency, thyrotoxicosis, uncontrolled hypertension and thrombocytopenia
- > Contraindicated in severe active bleeding or disease states with an increased risk of severe bleeding (e.g. bleeding disorders, erosive gastritis or peptic ulcer disease, severe hepatic disease, allergy to aspirin or NSAIDs)

### Practice Points

- > Brustugun J, et al, Adjusting the dose in paediatric care: dispersing four different aspirin tablets and taking a portion, European Journal of Hospital Pharmacy, 2019

### Document Ownership & History

<b>Developed by:</b>	SA Maternal, Neonatal & Gynaecology Community of Practice
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<b>Endorsed by:</b>	SA Health Safety and Quality Strategic Governance Committee
<b>Next review due:</b>	03/04/2025
<b>ISBN number:</b>	978-1-76083-175-2
<b>PDS reference:</b>	CG332
<b>Policy history:</b>	Is this a new policy (V1)? <b>Y</b> Does this policy amend or update an existing policy? <b>N</b> If so, which version? Does this policy replace another policy with a different title? <b>N</b>

Approval Date	Version	Who approved New/Revised Version	Reason for Change
03/04/2020	V1	SA Health Commissioning and Performance Division	Original approved version

