

## APPENDIX 1 – Medication Formulary

The Medication Formulary is published by the Pre-Hospital Emergency Care Council (PHECC) to support Occupational First Aiders to be competent in the use of medications permitted under Clinical Practice Guidelines (CPGs).

The Medication Formulary is recommended by the Medical Advisory Committee (MAC) prior to publication by Council.

### **The medications herein may be administered provided:**

1. The Occupational First Aider complies with the CPGs published by PHECC.
2. The Occupational First Aider is privileged, by the organisation on whose behalf he/she is acting, to administer the medications.
3. The Occupational First Aider has received training on, and is competent in, the administration of the medication.

The context for administration of the medications listed here is outlined in the CPGs. Every effort has been made to ensure accuracy of the medication doses herein. The dose specified on the relevant CPG shall be the definitive dose in relation to Occupational First Aider administration of medications. The principle of titrating the dose to the desired effect shall be applied.

The onus rests on the Occupational First Aider to ensure that he/she is using the latest versions of CPGs which are available on the PHECC website [www.phecc.ie](http://www.phecc.ie)

The route of administration should be as specified by the CPG.

### **Pregnancy caution:**

Medications should be administered in pregnancy only if the expected benefit to the mother is thought to be greater than the risk to the foetus, and all medications should be avoided if possible during the first trimester.

Responders therefore should avoid using medications in early pregnancy unless absolutely essential, and where possible, medical oversight should be sought prior to administration.

**This edition contains one medication for Occupational First Aiders**

Please visit [www.phecc.ie](http://www.phecc.ie) for the latest edition/version

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Amendments to the Occupational First Aider 2014 Edition:

Aspirin		
Heading	Add	Delete
Indications	Management of unstable angina and non ST-segment elevation myocardial infarction (NSTEMI) Management of ST-segment elevation myocardial infarction (STEMI)	
Contra-Indicated	(risk of Reye's syndrome)	
Side Effects	Increased bleeding time Skin reactions in hypersensitive patients	

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Clinical level:      

Medication	Aspirin
<b>Class</b>	Platelet aggregation inhibitor.
<b>Descriptions</b>	Anti-inflammatory agent and an inhibitor of platelet function. Useful agent in the treatment of various thromboembolic diseases such as acute myocardial infarction.
<b>Presentation</b>	300 mg dispersible tablet.
<b>Administration</b>	Orally (PO) - dispersed in water, or to be chewed - if not dispersible form. ( <b>CPG:</b> 5/6.4.10, 4.4.10, 1/2/3.4.10).
<b>Indications</b>	Cardiac chest pain or suspected myocardial infarction. Management of unstable angina and non ST-segment elevation myocardial infarction (NSTEMI). Management of ST-segment elevation myocardial infarction (STEMI).
<b>Contra-Indications</b>	Active symptomatic gastrointestinal (GI) ulcer / Bleeding disorder (e.g. haemophilia) / Known severe adverse reaction / Patients < 16 years old (risk of Reye's syndrome).
<b>Usual Dosages</b>	<b>Adult:</b> 300 mg tablet. <b>Paediatric:</b> Contraindicated.
<b>Pharmacology / Action</b>	<b>Antithrombotic:</b> Inhibits the formation of thromboxane A <sub>2</sub> , which stimulates platelet aggregation and artery constriction. This reduces clot/thrombus formation in an MI.
<b>Side effects</b>	Epigastric pain and discomfort / Bronchospasm / Gastrointestinal haemorrhage / Increased bleeding time / Skin reactions in hypersensitive patients.
<b>Long term effects</b>	Generally mild and infrequent but incidence of gastro-intestinal irritation with slight asymptomatic blood loss, increased bleeding time, bronchospasm and skin reaction in hypersensitive patients.
<b>Additional information</b>	Aspirin 300 mg is indicated for cardiac chest pain regardless if patient is on anti-coagulants or is already on Aspirin. If the patient has swallowed an Aspirin (enteric coated) preparation without chewing it, the patient should be regarded as not having taken any Aspirin; administer 300 mg PO.