ASPIRIN INITIATION FOR HIGH-RISK CARDIAC PATIENTS PATHWAY



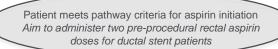
Inclusion Criteria:

Patients in Cardiac Care Unit with:

- Aortopulmonary shunt
- Intracardiac stent ductal, pulmonary vein, and atrial
- Special consideration for new stents in patients with Glenn and Fontan physiology
- Sano shunt stent

Exclusion Criteria:

 Outpatient and/or in observation status

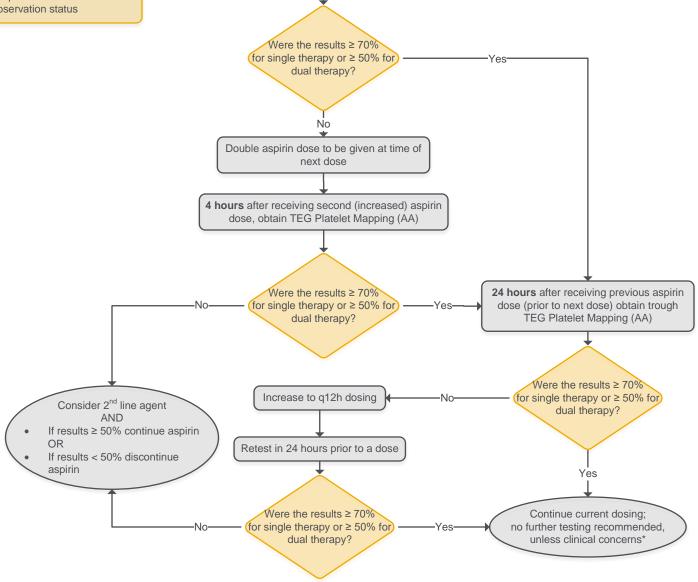


Initiate aspirin 3-5mg/kg q24h POD 1
PO/NG* (min dose 20.25mg and max dose 81mg)
OR 75mg per rectum (PR)
*If PO route not feasible, strongly consider PR
route for infants

4 hours after receiving first aspirin dose obtain TEG Platelet Mapping (AA)

*Notes

- If transitioning from rectal to enteral aspirin, restart at top of pathway for dosing and test responsiveness in 3-5 days
- There is no evidence of benefit of repeat testing after aspirin responsiveness is established





Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.