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

Patient meets pathway criteria for aspirin initiation

Initiate aspirin 3-5mg/kg q24h POD 1 rectal or enteral routes
(Min dose 20.25mg and max dose 81mg)

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

Were the results ≥ 70%?

No

Double aspirin dose to be given at time of next dose (max 10mg/kg or 325mg)

4 hours after receiving second (increased) aspirin dose, obtain TEG Platelet Mapping (AA)

Have they reached max dosing (10mg/kg/dose or 325mg)?

No

Were the results ≥ 70%?

Yes

Consider 2nd line agent

No

Increase to q12h dosing

Retest in 48 hours prior to a dose

4 hours after receiving previous aspirin dose (prior to next dose) obtain TEG Platelet Mapping (AA)

24 hours

Were the results ≥ 70%?

Yes

Continue current dosing; no further testing recommended, unless clinical concerns*

*Notes
- There is no evidence of benefit of repeat testing after aspirin responsiveness is established

[Children's Nebraska.org/Pathways]

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.

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