GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

A Protocol

for the administration

of

Aspirin 300mg tablets

for

patients over 18 years old with sudden onset chest pain of suspected cardiac origin

by Registered nurses

in

Powys Teaching Health Board Minor Injury Units and Community Hospitals

Document Reference No:	MMPr 007	
Version No:	Initial issue	
Issue Date:	May 2022	
Review Date:	May 2024	
Expiry Date:	May 2025	
Authors:	Medicines Management Pharmacist	
Document Owner:	Chief Pharmacist	
Accountable Executive:	Executive Medical Director	
Document Type:	Protocol	Clinical
Scope:	PTHB wide	

Do not print this document. The latest version will be accessible via the intranet. If the review date has passed please contact the Author for advice.

Disclaimer

Powys teaching Health Board is the operational name of Powys teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Protocol authorisation

Name	Job title and organisation	Signature	Date
Chief Pharmacist Jacqui Seaton	Chief Pharmacist for PTHB	DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	6/6/2022

Appendix A provides a Staff Permitted to use Protocol Signature Sheet. Individual practitioners must be authorised by name to work to this protocol.

Version Control

Version	Summary of Changes/Amendments	Issue Date
MMPr 007 Initial issue	Initial issue – changed from PGD 0001 to a protocol	May 2022

Item No.	Contents	Page
1	Protocol Statement & Introduction	8
2	Objective	8
3	Definitions and abbreviations	9
4	Role and responsibilities	9
5	Aspirin administration process	11
6	Identification, management of, and reporting of adverse effects	16
7	Supply and storage	17
8	Drug Interactions	17
9	Written/verbal advice for patients/carers	18
10	Follow up and referral	19
11	Record keeping	19
12	Training	20
13	Monitoring Compliance and audit	21
14	Review	21
15	References	21
	Appendices	**Page**
A	Staff Permitted to use Protocol Signature Sheet	23

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Senior Pharmacist Governance and Training
Advanced Clinical Pharmacist – Medicines Management & Medicines Optimisation

Circulated to the following for Consultation

Date	Role / Designation
26/4/22	Jo Wolfenden MIU sister Louise Richards, Brecon MIU
17/5/22	PGD subgroup

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area • NICE guideline [CG95] – Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis; last updated: 30 November 2016 • NICE Chest Pain – Scenario – last updated August 2021

IMPACT ASSESSMENTS

Equality Impact Assessment Summary

	No impact	Adverse	Differential	Positive	Statement
Age	x				Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Disability	x				
Gender	x				
Race	x				
Religion/ Belief	x				
Sexual Orientation	x				
Welsh Language	x				
Human Rights	x				

Risk Assessment Summary

Have you identified any risks arising from the implementation of this policy / procedure / written control document?

No risks identified as long as protocol directive is followed.
Protocol awareness training and signature of line manager who must confirm that the registered practitioner is competent to administer aspirin under this protocol.

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?
No governance issues identified.

Have you identified any training and / or resource implications as a result of implementing this?

Target audience will be registered general nurses working within Powys Community Hospitals.

Compliance with this Protocol will be monitored – see details below. This audit may be conducted by the department lead or Medicines Management team.

1. Protocol Statement & Introduction

This protocol provides a clear framework to support registered nurses to administer a loading dose of aspirin 300mg to act as an anti-platelet in patients with a recent history of sudden onset, non-traumatic chest pain of suspected cardiac origin, in emergency situations without a prescription.

This protocol applies to administration of 300mg aspirin in MIUs or the community hospital settings by registered nurses (who have the appropriate authorisation – see Appendix A) ONLY.

The most recent and in date final signed version of the protocol should be used.

Patients should be informed that they are being treated within a protocol, and where possible, consent should be obtained before administering. The clinical pathway for chest pain should be followed if appropriate and/or available.

If used in MIU, this protocol should be used in conjunction with the "Clinical Guidelines for Minor Injuries ".

In all cases urgent medical or paramedic support should be summoned by calling 999.

The patient should be transferred to a Coronary Care Unit (CCU) or A&E as appropriate.

2. Objective

The objective of this protocol is to provide a standardised clinical pathway for administration of aspirin 300mg to patients aged 18 years or older presenting with a recent* history of sudden onset, non-traumatic chest pain of suspected cardiac origin and to ensure all staff are aware of the contra-indications to the administration of aspirin and cautions to consider.

NB.**recent history means pain within last 12 hours*

3. Definitions and abbreviations

BLS	Basic life support
CCU	Coronary Care Unit
CPD	Continued Professional Development
DGH	District General Hospital
ESR	Electronic Staff Record
GSL	General Sales List
ILS	Intermediate Life Support
MIU	Minor Injuries Unit
NMC	Nursing and Midwifery Council
NSAIDs	Non-steroidal anti-inflammatory drugs
NSTEMI	Non-ST elevation myocardial infarction
P	Pharmacy
PADR	Personal Appraisal and Development Review
PGD	Patient Group Direction
POVA	Protection of Vulnerable Adults
PSD	Patient Specific Direction
PTHB	Powys Teaching Health Board
SPC	Summary of Product Characteristics
STEMI	ST elevation myocardial infarction

4. Role and responsibilities

4.1 Nursing staff:

- are responsible for the assessment of the patient's sudden onset chest pain of suspected cardiac origin in line with NICE guidelines (CG95), management of patients and administration of aspirin 300mg as a loading dose as specified in the protocol
- are responsible for the completion of the awareness training, in order to ensure they are competent and feel confident when

administering aspirin. They must also be authorised by name as permitted to use this protocol (Appendix A)
- must be familiar with the use of aspirin 300mg tablets, including knowledge of its actions and uses, contra-indications, adverse effects.
- must discuss the treatment to be administered with the patient, if possible and/or with the carer and obtain consent.
- must have current competence in assessing capacity and follow the Mental Capacity Act guidance regarding consent to treatment.
- record the assessment, any intervention and arrangement for review in the nursing notes, care plan or care pathway. For inpatients, any administration of medication will need to be recorded on the medication chart.
- must recognise their limitations and seek medical advice if they are concerned about the patient's overall condition.
- report any serious adverse reactions via the MHRA Yellow Card Scheme and via Once for Wales Reporting System.
- must have access to the online protocol

Every registered nurse must adhere to their appropriate professional code of conduct and the Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines (2019).

Each registered nurse is professionally accountable for their individual practice. In a local context, they are required to adhere to Powys Teaching Health Board (PTHB) departmental policies available on the PTHB intranet site.
- The administration task cannot be delegated and so the registered nurse making the decision to administer a medicine under this protocol must carry out the administration to the patient.

4.2 Head of the department

Must:
- Ensure all staff read and understand this protocol
- Arrange regular review to monitor compliance with this procedure

4.3 Senior Nurse:

Has responsibility for:
- arranging yearly update training
- arranging rotas

4.4 Line Managers

Have a responsibility to:
- ensure registered nurses have completed the awareness training before they commence administration of aspirin according to this protocol and ensure awareness training is included as part of the induction process for new appointees.

- ensure the staff complete mandatory training and attend relevant updates. Records should be kept via NHS ESR Login
- ensure staff will report untoward incidents as per policy
- sign off the schedule of staff authorised to use this protocol (See Appendix A) and send a copy to the Medicines Management team, PTHB

4.5 The Medicines Management Team

Has a responsibility to:

- Update and review this protocol and advise on any major changes.
- Audit the use of this protocol through annual audit of records and documentation.

5. Aspirin administration process

NB. It is the responsibility of the administering practitioner to ensure that the patient is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.

5.1. Clinical situation and indications.

To administer a loading dose of aspirin 300mg to act as an anti-platelet in patients with a recent history of sudden onset, non-traumatic chest pain of suspected cardiac origin.

Follow the clinical pathway for chest pain if appropriate and/or available.

In all cases urgent medical or paramedic support should be summoned by calling 999.

Transfer the patient to a Coronary Care Unit (CCU) or A&E as appropriate.

NB: This protocol should be used in conjunction with the "Clinical Guidelines for Minor Injuries ".

5.2. Inclusion criteria.

Patients aged 18 years or older presenting with a recent* history of sudden onset, non-traumatic chest pain of suspected cardiac origin and giving rise to clinical suspicion of one of the following acute coronary syndromes:

- Non-ST elevation myocardial infarction (NSTEMI)
- Acute ST elevation myocardial infarction (STEMI)
- Unstable angina

NB.**recent history means pain within last 12 hours*

- Other symptoms can include sweating, feeling clammy, pale or grey appearance, hypotension, breathlessness and pain radiating to the

arms and / or jaw
- A patient already taking aspirin 75mg daily or clopidogrel 75mg daily can be given a dose of aspirin 300mg in acute chest pain.
- Medical and drug history taken, no reason for exclusion
- Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained prior to administration.

Consent to treatment - if the patient is unable to give consent due to a life-threatening situation, or if parents or carers are not present, aspirin should be administered where treatment is judged to be in the best interests of the patient.

In the context of the clinical scenario described in this Protocol the patient may not be able to make an informed choice nor consent to treatment. Therefore, the practitioner should act in the best interests of the patient at all times and within their professional competency and code of conduct.

Refer to PTHB Consent to Treatment and Examination Policy.

NB: If working in an MIU, this protocol should be used in conjunction with the "Clinical Guidelines for Minor Injuries ".
In case of any doubt, contact medical team or emergency services.
It is the responsibility of the administering healthcare professional to ensure that the patient is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.

5.3 Exclusion criteria

- Conditions outside of the clinical situations criteria
- No valid consent or patient/representative refuses treatment. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "Action to be taken if patient is excluded or "Action to be taken if patient declines treatment".
- Children aged under 18 years old
- Has already received aspirin 300mg for this episode of chest pain (e.g., by other first contact service)
- The episode of chest pain occurred more than 12 hours ago
- Known hypersensitivity to aspirin, other salicylates or non- steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (patient may have developed anaphylaxis, angioedema, asthma, rhinitis, or urticaria-induced by aspirin or other NSAIDs) or to any ingredient/excipient of the oral preparation.
- Has received other thrombolytic drugs in the last 24 hours
- Patient is unable to chew or swallow
- Current or active peptic ulceration or past history of gastro-intestinal bleeding. **Note**: aspirin may be given to patients with a

past history of peptic ulcer, if the patient is taking medication for the peptic ulceration.
- Haemophilia or a history of other bleeding disorder
- Haemorrhagic stroke
- Nasal polyps associated with asthma (High risk of severe sensitivity reactions)
- Known severe renal or hepatic impairment
- Varicella vaccination in last 6 weeks
- Patients taking (refer to Drug interaction section):
  - Methotrexate at doses of >15mg/week
  - Uricosuric agents, e.g. probenecid and sulfinpyrazone

5.4 Cautions

Where a caution is present the practitioner should be aware of the possible effects of administration but should continue to administer where the benefit outweighs risk.
The following are not contraindications for use of aspirin in sudden onset, non-traumatic chest pain of suspected cardiac origin. However, they should be recorded in the patients notes as they may affect the response to treatment or increase the risk of an adverse reaction.
Contact the local senior on call clinician for advice on the below, if required.

Risk of:
- Aspirin intolerance
- Asthma – exacerbation in some patients
- Increased risk of bleeding if co-administered with anti-coagulants such as warfarin. However, this risk is low after a single 300mg dose of aspirin
- Known history of peptic ulceration or bleeding
- Breastfeeding (see advice to patients)
- Pregnancy
- Cardiac failure
- Glucose-6-phosphate dehydrogenase deficiency
- Moderate renal or hepatic failure
- Uncontrolled hypertension due to bleeding risk
- Patients with complex multiple pathologies, polypharmacy or multiple allergies.
- Anaemia
- Dehydration
- Gout
- Some brands may contain lactose- caution in patients with rare hereditary problems of galactose intolerance/malabsorption, Lapp lactase deficiency
- Thyrotoxicosis
- Alcohol: Concomitant administration of alcohol and acetylsalicylic acid increases the risk of gastrointestinal bleeding

- Interactions with other medicines -see Drug interactions
- Check for any other medications that the patient is taking, including topical or inhaled products, food supplements and herbal or homeopathic products.

Refer to BNF/SPC for full list.

Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the Minor Injury Unit guidelines followed, along with PTHB safeguarding policies. Consider discussing with GP.

Any safeguarding concerns need to be directed to Safeguarding Hub:

- to generic email address: PowysTHB.Safeguarding@wales.nhs.uk

and

- Central Safeguarding number: 01686 252806.
- Out of hours: 08457 573818.

Advice can also be sought from local Safeguarding Leads:

- CNS for Safeguarding North Powys Office: 01874 442082; mobile: 07964 132698

CNS for Safeguarding South Powys Office: 01874 442098; mobile: 07973 686520.

5.5 Safety information.

Ensure there is immediate access to resuscitation equipment including adrenaline (epinephrine) 1 in 1000 injection and access to a telephone at the time of administration.

5.6 Action to be taken if patient is excluded.

- Explain reason to the individual, if possible
- Record reason and any advice given and seek medical advice urgently.
- If the patient is excluded from treatment under this protocol, call 999 and ensure that the reason for exclusion is included in the handover given to the paramedics and receiving hospital.
- Refer to DGH, A&E for management.

Note: while the exclusion criteria may mean that aspirin 300mg cannot be administered under this protocol, a doctor may consider that the benefits of treatment with aspirin outweigh the risk for an individual. They may authorise its administration via a PSD.

5.7 Action to be taken if the patient/carer/representative declines treatment.

- Explain consequences of refusing treatment.
- If patient has capacity to consent and refuses treatment then follow locally agreed pathway.
- In the unlikley situation, if patient's carer/representative refuses treatment for the patient, the decision would be overridden by a

decision to treat in the individual's best interests in accordance with the Mental Capacity Act 2005.

- For MIU patients, advise the patient or guardian to seek immediate medical advice or emergency ambulance. Call 999 as appropriate.
- Document refusal and any advice given. Complete a Discharge Against Advice Form if appropriate.
- Inform or refer to GP/follow local procedures as appropriate.

5.8 Medication information: Aspirin 300mg

5.8.1. Legal category: GSL or P Pharmacy, dependent on pack size (16 or 32)

5.8.2. Form: tablets (Dispersible, plain or soluble)

5.8.3. Route of administration: Oral

5.8.4. Method of administration:

either:

The tablet is chewed or crushed prior to swallowing. If possible, the patient should drink some water afterwards to prevent oral mucosal and oesophageal irritation

or

dissolve the tablet in water and administer to the patient.

NB. For patients with swallowing difficulties or NG tubes, consult Medicines Management to confirm the method of administration.

5.8.5. Dosage:

ONE tablet (300mg) as a once only loading dose.

5.8.6. Period of administration/duration of treatment.

A single loading dose may be administered to a patient in MIU or on a PTHB ward.

5.8.7. Period of administration/duration of treatment.

A single loading dose may be administered to a patient in MIU or on a PTHB ward.

5.8.8. Off-label use

Dependent on brand available at point of administration – use for this clinical condition may be outside of terms of SPC, including use in 3rd trimester of pregnancy, breastfeeding, gout and severe cardiac failure.

Where the medication is recommended off-label consider, as part of the consent process, informing the patient or carer that it is being offered in accordance with national guidance/ justified by best clinical practice but that this is outside the product license.

6 Identification, management of, and reporting of adverse effects

Common side effects:

- Sedation/Somnolence
- Fatigue
- Hypersensitivity reactions including bronchospasm, rhinitis,

angioedema or rash
- May cause nausea, vomiting, diarrhoea and headache
- May irritate the gastro-intestinal mucosa and cause bleeding and ulceration
- Sub conjunctival haemorrhage and other haemorrhage

This list may not represent all reported side-effects of this medicine. Refer to BNF or SPC via medicines.org.uk for complete list.

Report any suspected adverse reactions to a prescriber.

If serious adverse effects are noted, complete a Yellow Card (found in the BNF) or submit online through the MHRA website www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults that may be attributable to the medication should be reported.

In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use:
Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a telephone must be available for immediate use.

In case of anaphylaxis:
- Refer to adrenaline (epinephrine) PGD and anaphylaxis policy
- Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E
- Ensure reaction is fully documented in patient notes
- Ensure all patient records are marked **ALLERGIC TO ASPIRIN**.
- The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers

Report via Once for Wales Reporting System

7 Supply and storage

Bottles- store in original container.
Keep container tightly closed.
Blister packaging- store in original package inside outer carton.
Store in a dry place at a temperature not exceeding 25ºC.

8. Drug Interactions

- ACE Inhibitors and Angio-II Receptor Antagonists: due to risk of renal impairment and the hypotensive effect is antagonized
- Acetazolamide: May result in severe acidosis and increased central nervous system toxicity
- Antacids: excretion of aspirin is increased by alkaline urine due to some antacids.
- Anti-depressants, SSRI's: increased risk of bleeding
- Anticoagulants: the risk of bleeding is increased with aspirin due to the antiplatelet effect.
- Corticosteroids: increased risk of gastrointestinal bleeding.

- Ciclosporin: Concomitant use with aspirin may increase the nephrotoxic effect of ciclosporin – monitor renal function
- Domperidone: increased rate of absorption of aspirin
- Anti-epileptic drugs (eg phenytoin, sodium valproate): will be enhanced by Aspirin.
- Diuretics: effect will be antagonised by aspirin.
- Digoxin: Acetylsalicylic acid impairs the renal excretion of digoxin, resulting in increased plasma concentrations. Monitoring of plasma concentrations of digoxin is recommended
- Gout treatments such as probenacid, sulphinpyrazone: will be antagonised by aspirin (see exclusion criteria)
- Lithium: Acetylsalicylic acid impairs the renal excretion of lithium, resulting in increased plasma concentrations. Monitoring of plasma concentrations of lithium is recommended
- Methotrexate: excretion can be reduced with increased risk of toxicity – see exclusion for doses over 15mg/week
- Mifepristone: avoid aspirin until 8-12 days after mifepristone
- NSAIDs: increased risk of bleeding
- Metoclopramide: may enhance the effect of aspirin
- Sulphonylureas: Salicylics may increase the hypoglycaemic effect of sulfonylureas
- Tacrolimus: Concomitant use with aspirin may increase the nephrotoxic effect of tacrolimus – monitor renal function
- Vancomycin: potential for ototoxicity increased
- Varicella vaccine - Vaccine recipients should avoid use of salicylates for 6 weeks after vaccination with varicella vaccine (see exclusion criteria)

NB. This list is not exhaustive. Refer to BNF/SPC (www.medicines.org.uk) for full details.
Call medical cover for advice and document advice given

9. Written/verbal advice for patients/carers

- Explain indications, contraindications, and cautions.
- Inform individual of possible side effects and their management
- Advise the patient to dissolve the tablet in water or chew before swallowing. This will allow a faster onset of action.
- Ask the patient to tell you if they think they are experiencing an adverse reaction. Advise them to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on call service
- Advise that this is an emergency treatment and further treatment will be necessary
- Advice should be offered to breast feeding mothers. It is unknown whether the small amount of aspirin present in breast milk following an antiplatelet dose could cause Reye's syndrome in a breast fed infant. To minimize the risk, breastfeeding should be withheld if the infant develops a fever.
- Give appropriate advice if medication is used off-label, if applicable.

- MIU staff to also refer to MIU guidelines

10. Follow up and referral

If clinically it is a cardiac episode, organise the transfer to the nearest DGH by calling 999.

Ensure that paramedic crew/receiving DGH staff are aware that patient has received aspirin.

As directed by medical staff.

MIU staff to also refer to MIU guidelines.

Give appropriate advice dependant on the clinical condition of the patient and if necessary, transfer to a DGH.

10. Record keeping

Record consultation details as required by local procedures.

In addition, record:

- That valid informed patient consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate. Record advice given and action taken, if patient excluded or declines treatment.
- Name of individual, address, date of birth
- GP contact details where appropriate
- Relevant past and present medical history, including medication history.
- Any reasons for exclusion or referral, including actions taken.
- Examination finding/s where relevant.
- Any known allergies or previous adverse events and nature of reaction
- Printed name and signature of registered health professional responsible for administration.

For administration, record:

- Date and time of administration
- Name, form, strength and dose of drug administered
- Route of administration
- Expiry date(s)
- Details of any adverse reactions and actions taken
- Advice given about the medication including side effects, benefits, and when and what to do if any concerns,
- Any advice received from medical cover and advice given to patient/carer.
- Record that medication was administered via a protocol, record protocol title and version number

If aspirin is administered to a PTHB inpatient, a record of administration should be documented on the patient's inpatient medication chart.

Records should be signed and securely kept for a defined period in line with local policy.

All records should be clear, legible and contemporaneous.

A record of all individuals receiving treatment under this Protocol should be kept for audit purposes in accordance with local policy.

12. Training

Initial training:

- Nurses currently registered with the Nursing and Midwifery Council (NMC) and working in a Minor Injury Unit in PTHB or in a PTHB community hospital
- The assessment and management of sudden onset chest pain of suspected cardiac origin in line with NICE guidelines (CG95) and "Clinical Guidelines for Minor Injuries ".
- The administration of aspirin including knowledge of its actions and uses, contraindications and adverse effects.
- Must be familiar with aspirin and be alert to changes in the BNF and Summary of Product Characteristics
- The recognition, management and reporting of adverse drug reactions, including anaphylaxis and the administration of adrenaline
- Up to date BLS skills (ILS for nurses working in MIU).
- Must have current competence in assessing capacity and follow Mental Capacity Act guidance regarding consent to treatment in an emergency situation
- Must have undertaken and completed Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, as applicable to the role

THE DECISION TO ADMINISTER ANY MEDICATION RESTS WITH THE INDIVIDUAL REGISTERED PRACTITIONER WHO MUST ABIDE BY THE PROTOCOL AND ANY ASSOCIATED ORGANISATION POLICIES.

Competency assessment

- Evidence of ongoing protocol training for the supply / administration of medicines to be submitted to Line Manager annually.
- Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.
- Practitioners must make a self-declaration of competency in their Personal Appraisal and Development Review (PADR).
- Nurses must be authorised by name as an approved practitioner under the current terms of this Protocol before working to it

Individuals operating under this protocol are personally responsible for ensuring they remain up to date with the use of aspirin included in the protocol - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the protocol and further training provided as required.

Ongoing training and competency

- Update at least every 2 years, or earlier in response to new local/national guidance on the use of protocol and aspirin
- Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, ILS/BLS (as applicable to the role), with evidence of appropriate Continued Professional Development (CPD).
- Compliance with all mandatory NHS training
- Evidence of appropriate Continued Professional Development (CPD) must be retained and made available on request.

13. Monitoring Compliance and audit

Compliance with this protocol will be monitored by annual retrospective audit of 10% of patients recorded each month in locations where this protocol has been used. Over a 12 month period a minimum of 10 records where this protocol has been used will be included.

Records will be reviewed for rationale behind administering aspirin, that administration was in accordance with the relevant monograph and that clear documentation is in place.

This audit may be conducted by the departmental manager, unscheduled care lead or medicines management team.
All incidents involving aspirin will be reported via Once for Wales Reporting System and monitored via incidents reports.

14. Review

This document will be reviewed after two years or earlier should audit results or changes to legislation/ practice within PTHB indicate otherwise.

15. References

- ASPIRIN | Drug | BNF content published by NICE
- Aspirin 300mg dispersible tablets (Dispirin 300mg) Reckitt Benckiser Healthcare (UK) Ltd
    - Summary Product Characteristic, last updated 30/11/2020
    - PIL, last updated November 2020
- Aspirin 300mg tablets Accord:
    - Summary Product Characteristic, last updated 15/09/2021
    - PIL, last updated May 2021
- NICE guideline [CG95] – Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis; last updated: 30 November 2016
- NICE Chest Pain – Scenario – last updated August 2021

Appendix A: Staff Permitted to use Protocol Signature Sheet
Department name:_____

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this protocol. I give authorisation on behalf of Powys Teaching Health Board or a Powys GP practice for the named healthcare professionals below who have signed the protocol to work under it.

Practitioner: By signing this **protocol** you are indicating that you agree to its contents and that you will work within it. Protocols do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Protocol and that I am willing and competent to work to it within my professional code of conduct.

Name of health professional	Signature	Senior representative authorising health professional (Authorising Manager)	Date

The authorising manager should retain a copy of the list and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU for audit purposes.

The healthcare professional should retain a copy of the document after signing.