## Nursing Process Focus:
**Patients Receiving Aspirin**

### Assessment
Prior to administration:
- Obtain complete health history including allergies, cardiac, renal, gastro-intestinal, biliary, and hematologic, including chest x-ray, laboratory studies: CBC, PT, PTT, BUN, creatinine, electrolytes, liver enzymes, etc.
- Obtain patient’s drug history to determine pain and analgesic usage patterns, possible hypersensitivity, possible pregnancy and lactation.
- Identify infectious agents or other factors responsible for inflammation or pain.

### Potential Nursing Diagnoses
- Pain (acute and chronic), related to tissue damage or inflammatory process
- Deficient Knowledge, related to drug action and side effects
- Ineffective Health Maintenance

### Planning: Patient Goals and Expected Outcomes
The patient will:
- Report pain relief or a reduction in pain intensity.
- Demonstrate understanding of the drug's action by accurately describing drug side effects and precautions.
- Immediately report effects such as unresolved, untoward or rebound pain, persistent fever, blurred vision, tinnitus, bleeding, changes in color of stool or urine.

### Implementation
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<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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| *Exercise extreme caution in administering ASA to children and teenagers. (ASA has been implicated in the development of Reye's syndrome in conjunction with "flu-like" illnesses. Febrile, dehydrated children can rapidly develop ASA toxicity.) | Instruct the patient or caregiver:  
• to always first choose a non-aspirin preparation to treat fever.  
• If the non-aspirin antipyretic is ineffective, consult the health care provider immediately.  
• to be aware of hidden sources of ASA in over-the-counter medications such as menstrual pain relief compounds and "pink bismuth liquid" for gastrointestinal distress. |
| *Monitor vital signs, especially temperature. (Increased pulse and BP may indicate discomfort; accompanied by pallor and/or dizziness may indicate bleeding.) | Instruct the patient to:  
• Report rapid heartbeat, palpitations, dizziness or pallor.  
• Monitor blood pressure and temperature ensuring proper use of home equipment. |
| *Monitor for signs of gastrointestinal bleeding or hepatic toxicity. (ASA is a local irritant to the GI tract with anticoagulant action that is metabolized in the liver.) | • Inform the patient that vomiting brown emesis that looks like coffee grounds or passing tarry stools are signs of gastrointestinal bleeding. Instruct the patient: • to report any frank bleeding, abdominal pain, anorexia, heartburn, nausea, vomiting, jaundice or a change in the color or character of stools. • regarding the method of obtaining stool samples and home testing for occult blood as indicated by the health care provider. • to adhere to a regimen of laboratory testing as ordered by the health care provider. • to keep all follow-up appointments as directed by the health care provider. |
| *Monitor gastrointestinal elimination; conduct guiac stool testing for occult blood. *Monitor CBC for signs of anemia related to blood loss. |  |
| **Obtain character, duration, location, and intensity of pain and the presence of inflammation. | *Instruct patient to: • notify nursing personnel if pain and/or inflammation remains unresolved. |
| **Monitor for allergic responses. |  |
| **Monitor urinary output and edema in feet/ankles. (Medication is excreted through the kidneys. Long term use may lead to renal dysfunction.) *Monitor CBC, BUN, creatinine, and urinalysis. | *Advising the patient to immediately report shortness of breath, wheezing, tightness in the throat, itching or hives. Advise the patient to stop taking ASA immediately and inform the health care provider. |
| **Monitor for sensory changes indicative of drug toxicity: tinnitus, blurred vision. *Evaluate blood salicylate levels, especially in the elderly. (Elderly patients are particularly at risk due to diminished kidney and liver function related to aging.) | *Instruct patient to report changes in urination, flank pain or pitting edema immediately. *Advise the patient to immediately report any sensory changes in sight or hearing, especially blurry vision or "ringing in the ears." |

**Evaluation of Outcome Criteria**

Evaluate the effectiveness of drug therapy by confirming that patient goals and expected outcomes have been met (see “Planning”).