Guideline for ‘Aspirin Desensitisation’ for Cardiac Patients Requiring Coronary Intervention with allergy/sensitivity to Aspirin

Only to be initiated by a cardiology specialist registrar or consultant.

|  |
| --- |
| **Background:**Aspirin may cause a hypersensitivity reaction of which there are three subtypes:1. Respiratory sensitivity (asthma/rhinitis): *decrease PGE2 leading to increased leukotriene bronchoconstriction*
2. Cutaneous sensitivity (urticaria +/- angioedema): *increased leukotriene*
3. Systemic sensitivity (anaphylactoid / anaphylactic reaction): *IgE mediated*

**Contraindications to aspirin desensitisation:** * History of anaphylaxis to aspirin.
* History of severe aspirin-induced asthma.

**Indications for aspirin desensitisation:**Patients requiring PCI +/- stenting who have: (a) documented history of cutaneous aspirin sensitivity, or (b) mild to moderate respiratory aspirin sensitivity but deemed appropriate for desensitisation by the cardiology consultant/SpR, or(c) non-specified documented allergy to aspirin. **Guideline:** |

1. Pre-dosing with antihistamines or corticosteroids is not indicated but these medications should be prescribed PRN in advance should an adverse reaction present.
2. If a reaction does occur, suspend the desensitisation procedure and treat the symptoms. The procedure may be restarted, from the previously tolerated dose, at the clinician’s discretion.
3. If there is history of chronic idiopathic urticaria a protracted protocol may be required. Please contact the cardiac pharmacy team for advice

**Requirements:**

1. Informed patient verbal consent. Please document when acquired.
2. To be prescribed on EPMA
3. Cardiology/CCU ward nurse allocated to undertake procedure
4. Completed paperwork – see appendix

**After successful desensitisation aspirin must be continued to prevent possible relapse.**

(PAS LABEL)

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASPIRIN DESENSITISATION

\*Please also Rx on EPMA

Prescriber signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bleep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Ensure all components are completed and checked  | Image | PRN medications.(Prescribed & acquired)Chlorphenamine 10mg IV(IV bolus over at least 1 minute)Hydrocortisone 100mg IV(IV bolus over at least 1 minute,or infuse in small volume NaCl 0.9%)Oxygen |  |
| Verbal Consent Obtained |  | Signature from SpR or above |  |
| Anaphylaxis drugs located(adrenaline, chlorphenamine, hydrocortisone) & date checked |  | Measure & recordInitial Spirometry |  | Heart RateRespiratory rateBlood pressure |  |
| Cannula inserted |  | 300mg Aspirin in 300mL water |  | Informed on call SpR & SHO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Time | Aspirin Dose (1mg/mL) | Time due | Given by |
| START 0 minutes | 1mg |  |  |
| 30 minutes | 5mg |  |  |
| 60 minutes | 10mg |  |  |
| 90 minutes | 20mg |  |  |
| 120 minutes | 40mg |  |  |
| 150 minutes | 100mg |  |  |
| 180 minutes | 124mg |  |  |



Observations to be recorded every 30 minutes during desensitisation and for 120 minutes following completion