1. Class:
   1.1. Analgesic.
   1.2. Anti-inflammatory.
   1.3. Antipyretic.
   1.4. Antiplatelet.

2. Description:
   2.1. Aspirin decreases inflammation, blocks pain impulses in the central nervous system, dilates peripheral vessels, and decreases platelet aggregation. The use of aspirin is strongly recommended for all patients with acute myocardial infarction.

3. Onset and Duration:
   3.1. Onset 15 – 30 minutes.
   3.2. Duration 4 – 6 hours.

4. Indications:
   4.1. Mild to moderate pain of fever.
   4.2. Prevention of platelet aggregation in ischemia and thromboembolism.
   4.3. Unstable angina.
   4.4. Prevention of myocardial infarction or reinfarction.

5. Contraindication:
   5.1. Hypersensitivity to salicylates.
   5.2. Gastrointestinal bleeding.
   5.3. Active ulcer disease.
   5.4. Hemorrhagic stroke.
   5.5. Bleeding disorders.
   5.6. Children with flulike symptoms.

6. Adverse Reactions:
   6.1. Stomach irritation.
   6.2. Heartburn or indigestion.
   6.3. Nausea or vomiting.
   6.4. Allergic reaction.

7. Drug Interaction:
   7.1. Decreased effects with antacids and steroids.
   7.2. Increased effects with anticoagulants, insulin, oral hypoglycemics, fibrinolytic agents.

8. How Supplied:
   8.1. Tablets (65, 81, 325, 500, 650, 975 mg)
   8.2. Capsules (325, 500 mg)
   8.3. Controlled-release tablets (800 mg).
   8.4. Suppositories (varies from 60mg to 1.2g).
9. Dosage and Administration:
   9.1. Adult:
      9.1.1. Mild pain and fever:
         9.1.1.1. 325-650mg PO q 4 hours.
      9.1.2. Myocardial infarction:
         9.1.2.1. 160-325mg PO:
                  9.1.2.1.1. Chewing is preferable to swallowing.
   9.2. Pediatric over 12 years of age:
      9.2.1. Mild pain and fever:
         9.2.1.1. 40-100mg/kg/day in divided doses.

10. Special Considerations:
    10.1. Pregnancy Category D.
    10.1. Should be given as soon as possible to the patient with acute myocardial infarction.