

IREDELL HEALTH SYSTEM

Aggrastat Administration for Unstable Angina and Non-ST Elevation Acute Coronary Syndrome	
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P&T Committee	Date: 06/2021

Standard:

Tirofiban (Aggrastat), in combination with Heparin, is indicated for the treatment of acute coronary syndrome, including patients who are to be managed medically and those undergoing percutaneous transluminal coronary angioplasty (PTCA) or arterectomy.

Policy:

Any Critical Care Registered Nurse (RN), Cardiac Cath Lab RN, Emergency Department RN, or Cardiac Telemetry RN who has been in-serviced on Aggrastat and has demonstrated knowledge of complications and treatment, contraindications and general procedures may prepare and administer Aggrastat. Aggrastat may be administered in the Emergency Department, Cardiac Cath Lab, Critical Care Unit, or Cardiac Telemetry Unit.

Aggrastat may be administered in the same intravenous catheter as Heparin.

Contraindications to be aware of when administering Aggrastat include:

- Known hypersensitivity to any component of the product
- Active internal bleeding or history of bleeding diathesis within the previous 30 days
- History of thrombocytopenia following prior exposure to Aggrastat
- Major surgical procedure or severe physical trauma within the previous month.
- Concomitant use of another parenteral GPIIb/IIIa inhibitor.

Observe strict bedrest during Aggrastat infusion. Minimize vascular and other possible trauma. Other arterial and venous punctures, intramuscular injections and the use of urinary, nasotracheal intubation and nasogastric tubes should be minimized. When obtaining intravenous access, non-compressible sites (i.e. subclavian or jugular veins) should be avoided.

Bleeding is the most common complication encountered during therapy with Aggrastat. When bleeding cannot be controlled with pressure, infusion of Aggrastat and Heparin should be discontinued. Most major bleeding associated with Aggrastat occurs at the arterial access site for cardiac catheterization. Concomitant use of fibrinolytics, oral anticoagulants, and antiplatelet drugs increases the risk of bleeding.

Procedure:

1. Baseline labs (CBC, serum creatinine, PT/INR & PTT) should be collected before administration of Aggrastat.
2. Administer and follow the *IV Heparin Administration* policy for initiation and adjustment of the Heparin infusion, as ordered by provider. Most appropriate heparin IV protocol is the ACS with thrombolytic or GP IIb/IIIa inhibitors.
3. Administer Aggrastat bolus of 25 mcg/kg intravenously over 5 minutes. Following bolus, continue at 0.15 mcg/kg/min for patients with CrCl > 60 mL/min. Patients with severe renal insufficiency (CrCl ≤ 60 mL/min) should receive half the usual rate (0.075 mcg/kg/min). Dose shall be verified with a pharmacist or MD.

4. Two (2) licensed personnel are required to independently verify order sets, dosage and labeling and assess whether the patient has received any other anticoagulant product within the last 24 hours before administering Aggrastat AND heparin. If another anticoagulant has been given within 24 hours, the provider should be notified.
5. Obtain CBC 6 hours after administration of bolus and daily thereafter.

Documentation:

1. Document time of bolus injection, IV site, and medication dosage. Second licensed personnel shall document verification within the EMR.
2. Document any complications observed.

INITIAL EFFECTIVE DATE: 07/2005

DATES REVISIONS EFFECTIVE: 07/2016, 05/2018, 06/2021

DATES REVIEWED (no changes):