***Template*: Developing Nurse Standardized Procedure Use of Aspirin for Management of Patients at High Risk for Cardiovascular Events**

Clinical Protocol: Nurse Co-management of patients at high risk of cardiovascular events

Effective date:

Policy & Procedure:

Revision date:

Last reviewed:

**Policy**

It is the policy of \_\_\_\_\_\_\_\_ Health Center to allow qualified RNs to co-manage patients ages 18 -75 years at high risk for cardiovascular events with aspirin.

I. Procedure

A. Functions the RN may perform: collect subjective data (patient history), collect objective data (perform physical examinations), assess patient status, order and interpret labs, develop and implement treatment and educational plan of care

B. Scope: under the following circumstances the RN may perform function

1. Setting – within the clinic site

2. Supervision – the RN may operate independently within the constraints and criteria of this policy in partnership with mentoring physician(s) and the designated primary care physician to provide care under the protocol.

3. Patient criteria:

a. Patient has a designated primary care provider.

b. The patient is

* 40-75 years of age with diagnosis of atherosclerotic cardiovascular disease or current diabetes; or CV risk > 10% over 10 years per risk calculator
* >50 years old (men) or >60 years (women) with one or more of the following risk factors: currently smoker, or family history of premature cardiovascular disease, hypertension, dyslipidemia or hyper-cholesterol.
* Patient does not have contraindications (see Appendix II).

c. The nurse has introduce her/himself utilizing correct title and explain role and the patient accepts RN co-management.

C. Definitions:

Atherosclerotic cardiovascular disease (ASCVD) – defined as previous heart attack, stroke (CVA), transient ischemic attack (TIA), previous abdominal aortic aneurysm (AAA or ‘triple A’) repair, known coronary artery disease (CAD), peripheral vascular disease (PVD), and chronic kidney disease.

Hypertension - systolic / diastolic blood pressure > 139/79

Premature coronary heart disease - ischemic heart disease before 55 years of age (men) or 65 years of age (women).

Family history of premature cardiovascular disease – first degree relatives who are men < 55 years and women< 65 years

*Champion –* primary care mentoring physician

D. Procedure for Nurse Practice

1. Subjective assessment
* Review relevant health history reported by the patient &/or documented in the EMR.
* Conducted review of systems for contraindications to ASA use (allergy, gastrointestinal bleeding)
* Review current medications.
* Review lifestyle & behavioral choices.
1. Objective assessment
2. Review blood pressure and laboratory
3. Assessment – increased risk for cardiovascular event
4. Plan
* Treatment: Aspirin 81 mg tablet daily
* Patient education – monitoring for side effects with report to RN or primary care provider
* Lifestyle modifications should be addressed at every encounter:
* physical activity (30 minutes per day or 150 minutes a week)
* weight management (goal < 25 kg/m2)
* Reducing dietary sodium (1.8 to 2.4 gram sodium daily)
* Limiting alcohol consumption (<1 drink/day for women; <2 drinks for men)
* DASH diet (low-fat, calcium, high fruit and vegetable diet)
* Smoking cessation
1. Patient follow-up
* Follow up annually
* If patient assessed to have possible side effects from ASA use, nurse to consult with a provider
1. Record keeping of patient encounters – all patient care (BP, medications, lab work, and education) and verbal or telephone communications with the clinician, or patient/family shall be documented in the EMR.

II. Requirements for Registered Nurse

A. Preparation

1. Education/Licensure: nurse must be licensed as Registered Nurse in California and be in good standing with the Board of Registered Nursing (BRN).
2. Experience: a minimum of one year’s experience (full-time or 2080 hours) as an RN is required.
3. Training: nurse must successfully complete advanced training on subjective and objective evaluation of patients, use of ASA, patient education and implementation of the protocol.

B. Evaluation

Initial: Three cases must be documented and reviewed with Championeach week for one month; followed by 3 cases per month for 3 months; then 6 cases per year. Nurse must demonstrate appropriate management of patients at high risk of cardiovascular events. If primary care provider disagrees with management plan, cases will be reviewed with Champion. Evidence of successful completion will be documented and included in the nurse’s personnel file

Ongoing Evaluation: Annual competency evaluations will be conducted documenting the RNs ability to function appropriately under the protocol including clinical knowledge, skills/ procedures, appropriate consultation and documentation.

D. Supervision and Review

Roles and responsibilities of Registered Nurses working under the protocol:

1. RN must verify that patients have a designated primary care provider and that the patient meets the criteria for standardized procedure.
2. RN will collaborate and work in partnership with Champion(s) and individual patient’s primary care physician to provide care under the protocol.
3. RN will introduce her/himself utilizing correct title and explain role
4. RN will collect subjective data (patient history), collect objective data (perform physical examinations), assess patient status, order and interpret labs, develop and implement treatment and educational plan of care
5. Documentation - RN will maintain record of patient encounters (in person, group, telephone) patient ID, complaints, assessment of adherence to meds, diet, exercise, BP records (home, clinic), pertinent lab results, plan for med changes, follow-up labs and visits; physician notification if needed

Roles and responsibilities of the Champion & the primary care physician:

1. Champions should be identified for each site and meet with PHASE consultant prior to implementation.
2. The Champion will assure a physician will be available when the nurse consultation or for the physician to see the patient, the patient requests to see the physician, and/or there is an onsite emergency.
3. Primary care physician is responsible for patient management. He/she will be available for consultation and collaboration with RN.
4. The physician will see the patient or review the care of each patient at least once a year and renew the patient specific medication order on an annual basis.

III. Development and Approval of the Standardized Procedure

A. Method – this procedure was developed using the most current guidance from the Board of Registered Nursing, American Academy of Family Practice and technical references from the PHASE program.

B. Review schedule – the procedure shall be assessed at 3 and 6 months following implementation and then annually.

**Appendix I:**

Aspirin 81mg tablet orally once daily

**Appendix II:**

Contraindications

Aspirin allergy/sensitivity

Patient is on an alternative blood thinner, such as: Coumadin/warfarin, fondaparinux/Arixtra, Apixaban/Eliquis, rivaroxaban/Xarelto, clopidigrel/Plavix, dabigatran/Pradaxa

History of gastro-intestinal bleeding - can take aspirin if they are also on a proton pump inhibitor (PPI) medication

Relative contraindication:

Pregnancy

Drug interactions – consult with provider before prescribing

**Appendix III:**

Medication side effects - from prolonged use

Black tarry stools

Hemorrhagic stroke

GI bleed

Tinnitus

Nasal polyps