

PREHOSPITAL ASPIRIN ADMINISTRATION COMPLIANCE IN SUSPECTED ACUTE CORONARY SYNDROME PATIENTS IN HOSPITAL CANSELOR TUANKU MUHRIZ.

No 062

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INTRODUCTION

Acute Coronary Syndrome is a life-threatening condition in Malaysia. Timely aspirin administration significantly improves outcomes such as mortality and recurrent myocardial ischemia. This study evaluated the compliance rate of prehospital aspirin administration and examined the reasons for non-compliance.

METHOD

Prospective observational study conducted in HCTM for one year duration (2023-2024).

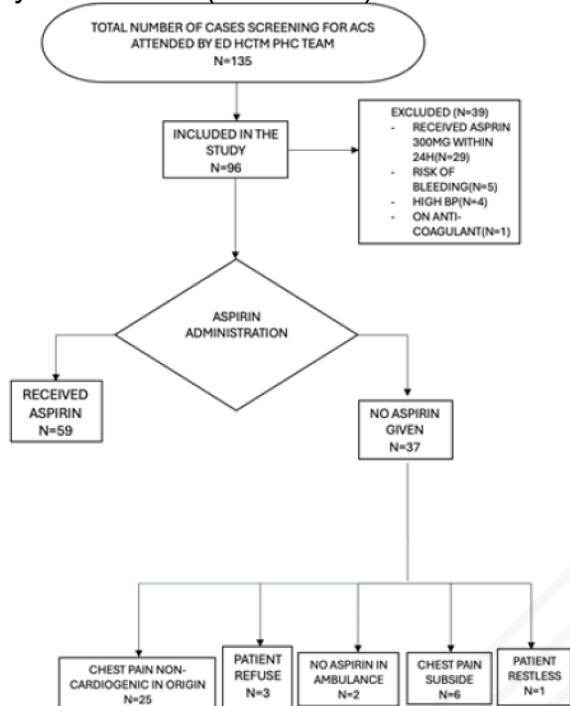


Figure 1: Sample Flow Chart

RESULT

Compliance rate for aspirin administration was 61.5%(59/96) patients

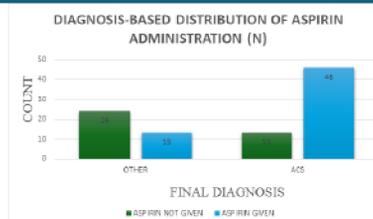


Figure 2: Diagnosis-Based distribution of prehospital aspirin administration

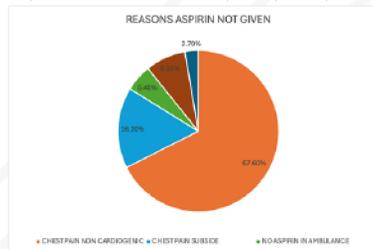


Figure 3: Reason for aspirin not given at prehospital

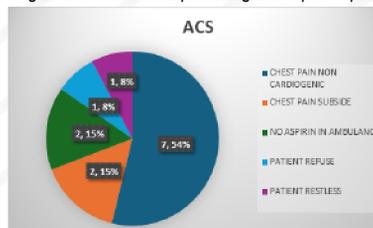


Figure 3: Distribution of reason aspirin not administered by PHC team in relation to ACS as final diagnosis.

DISCUSSION

The compliance rate is below the 75% National Key Performance Indicator set by the Ministry of Health Malaysia. The main reason for non-compliance was misclassification of chest pain. This highlights the need for ongoing training to help PHC staff better recognize ACS and follow the guidelines.

CONCLUSION

Prehospital aspirin administration compliance is suboptimal. Reducing misclassification of ACS, particularly unstable angina and non-ST elevation myocardial infarction, through targeted PHC personnel training is essential to improve compliance and patient outcomes.

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