**Inclusion Criteria:**
- Patients in Cardiac Care Unit with:
  - Aortopulmonary shunt
  - Intracardiac stent – ductal, pulmonary vein, and atrial
  - Special consideration for new stents in patients with Glenn and Fontan physiology
  - Sano shunt stent

**Exclusion Criteria:**
- Outpatient and/or in observation status

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Patient meets pathway criteria for aspirin initiation

Initiate aspirin 3-5mg/kg q24h POD 1 rectal or enteral routes (Min dose 20.25mg and max dose 81mg)

**4 hours** after receiving first aspirin dose obtain TEG Platelet Mapping (AA)

Were the results ≥ 70%?

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Double aspirin dose to be given at time of next dose (max 10mg/kg or 325mg)

**4 hours** after receiving second (increased) aspirin dose, obtain TEG Platelet Mapping (AA)

Were the results ≥ 70%?

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Have they reached max dosing (10mg/kg/dose or 325mg)?

- Yes: Consider 2nd line agent
- No: Proceed to next step

Were the results ≥ 70%?

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24 hours after receiving previous aspirin dose (prior to next dose) obtain TEG Platelet Mapping (AA)

Were the results ≥ 70%?

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Increase to q12h dosing

Retest in 48 hours prior to a dose

Were the results ≥ 70%?

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Continue current dosing; no further testing recommended, unless clinical concerns*

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**Notes**:
- There is no evidence of benefit of repeat testing after aspirin responsiveness is established

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*Notes:
- There is no evidence of benefit of repeat testing after aspirin responsiveness is established

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Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

ChildrensOmaha.org/Pathways

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