



Drug Therapy Protocols: Clopidogrel

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Date	July, 2022
Purpose	To ensure a consistent procedural approach to clopidogrel administration.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Clopidogrel

July, 2022

Drug class^[1]

Antiplatelet

Pharmacology

Clopidogrel is a specific and potent platelet aggregation inhibitor. It selectively inhibits the binding of adenosine diphosphate (ADP) to its platelet receptor, thereby inhibiting platelet aggregation.^[1,2]

Metabolism

Hepatic metabolism with near equal amounts excreted in urine and faeces.^[1]

Indications^[1-3]

- For **patients with STEMI** (as defined by the relevant QAS CPP); AND
 - who have been **accepted for pPCI** (as an adjunct medication to aspirin and heparin) **and the receiving interventional cardiologist is requesting clopidogrel administration;** OR
 - who have **received tenecteplase** (and have been administered aspirin and enoxaparin)

Contraindications^[1-3]

- Allergy AND/OR Adverse Drug Reaction
- Patients contraindicated for pre-hospital fibrinolysis administration
- Current clopidogrel OR ticagrelor therapy
- Patients less than 18 years of age
- Active bleeding (excluding menses)
- Prior intracranial haemorrhage

Precautions

- Severe renal impairment

Side effects^[1]

- Haemorrhage

Presentation

- Tablet (pink), 75 mg *clopidogrel*

Onset (PO)	Duration (PO)	Half-life
<p>≈ 30 min (within 5 hours of a 300 mg loading dose 80% of platelet activity will be inhibited)</p>	<p>7–10 days (antiplatelet)</p>	<p>8 hours</p>

Schedule

- S4 (Restricted drugs).

Routes of administration

Per oral (PO)



Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- 15–48% of patients have a poor platelet inhibition response to clopidogrel. Therefore, the interventional cardiologist may request the administration of ticagrelor in preference to clopidogrel for selected patients.^[2,3]

Adult dosages^[1-3]

Patients with STEMI (as defined by the relevant QAS coronary artery reperfusion checklist) **who have been accepted for pPCI** (as an adjunct medication to aspirin and heparin) **AND the receiving interventional cardiologist is requesting clopidogrel administration**



PO

≥ 18 years – **600 mg**
Swallowed with a small quantity of water.

Patients with STEMI (as defined by the relevant QAS coronary artery reperfusion checklist) **who have received tenecteplase** (and have been administered aspirin and enoxaparin)



PO

≥ 18 years – **300 mg**
Swallowed with a small quantity of water.

Paediatric dosages

Note: QAS officers are **NOT** authorised to administer clopidogrel to paediatric patients.