Introduction
Aspirin is the most widely used antiplatelet agent in the world. It had long been an important oral anti-platelet therapy for vascular disease. In fact, coronary patients resistant to Aspirin may have increased risk for coronary artery disease. Anti-platelet therapy after CABG is an integral part of treatment for improving vein graft patency and reduces the risk of recurrent heart disease. However, previous studies suggested aspirin resistance (non-responder) in some patients. Non-responders may be at 5 to 10 time’s greater risk of heart attack and death. In order to promote a higher quality of life for post CABG surgery patients, this study is important to identify the non-responders of aspirin so as to determine the appropriateness of oral anti-platelet therapy for post CABG patients. VerifyNow is used for measure the platelet inhibition and keeping within the safety range. Although the role of prescription is the surgeons, nurses play a pivotal role in contributing to the study for the healthcare promotion and disease prevention.

Objectives
(1) To identify the responders and non-responders of Aspirin (2) To determine the appropriate anti-platelet therapy for post CABG patients.

Methodology
The study population is 78 people from 16 Sep 2013 to Jan 2015. The inclusion criteria were the patients undergoing elective CABG receiving aspirin with normal renal function. Aspirin responder was defined ARU <550 and the clinical team was blinded to this reading. The platelet function testing was performed before surgery and post operation day 5. Post-op follow up regularly in out-patient clinic at 3, 6, 12 and 24 weeks. Besides, computed tomography scanning of artery was arranged at post-op 6
Result
Among 78 patients were included in the analysis. Of these, the mean age was 61±10.75 years old. Gender ratio of male to female was 71:7. Aspirin sensitive was (96%) 75 patients and resistant was (4%) 3 patients. All Aspirin resistant patients were referred to the surgeon for adding an effective anti-platelet therapy, e.g. Plavix. Thus, it provided one of the most important information to help the healthcare workers in early identification of aspirin resistant patients and reduce the risk of recurrent heart disease after CABG. In conclusion, the results of this study provided important information to improve the current treatment of coronary artery disease after CABG. Nurses play an important role in contributing to the study for the healthcare promotion and disease prevention. We communicate to ward staffs and Doctors effectively to work out the study and reduce many unnecessary problems or mistakes occurred during the study. We also report aspirin resistant patients to doctors for follow up treatment. The VerifyNow helps to assess bleeding risk and drug compliance. It also helps to identify the non-responders of aspirin so as to determine the appropriate oral anti-platelet therapy for post CABG patients for improving vein graft patency and helps to get early detect of heart problem. It reduces the risk of recurrent heart disease and the chance for redo CABG, which helps to have a life saving. Thus, it is important to perform the VerifyNow.