

QUESTION

1. A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a 15-minute episode of severe, crushing chest pain that radiates to the left arm and jaw. He is currently on amlodipine and atorvastatin. The patient's vital signs are: blood pressure 180/110 mmHg, heart rate 110 bpm, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical examination is unremarkable. The electrocardiogram (ECG) shows ST-segment elevation in leads V1, V2, and V3. The patient is given aspirin, nitroglycerin, and morphine. The patient is then transferred to the cardiac catheterization laboratory for primary percutaneous coronary intervention (PPCI).

Parameter	Value
Blood Pressure	180/110 mmHg
Heart Rate	110 bpm
Respiratory Rate	20 breaths per minute
Oxygen Saturation	92% on room air

2. A 45-year-old female patient with a long history of rheumatoid arthritis (RA) presents to the emergency department with acute chest pain. The patient reports a 10-minute episode of severe, tearing chest pain that radiates to the back. She is currently on chronic low-dose prednisone and methotrexate. The patient's vital signs are: blood pressure 160/90 mmHg, heart rate 100 bpm, respiratory rate 18 breaths per minute, and oxygen saturation 95% on room air. The physical examination is unremarkable. The ECG shows sinus tachycardia. The patient is given aspirin, nitroglycerin, and morphine. The patient is then transferred to the cardiac catheterization laboratory for PPCI.

3. A 70-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a 20-minute episode of severe, crushing chest pain that radiates to the left arm and jaw. He is currently on amlodipine and atorvastatin. The patient's vital signs are: blood pressure 170/100 mmHg, heart rate 105 bpm, respiratory rate 22 breaths per minute, and oxygen saturation 90% on room air. The physical examination is unremarkable. The ECG shows ST-segment elevation in leads V1, V2, and V3. The patient is given aspirin, nitroglycerin, and morphine. The patient is then transferred to the cardiac catheterization laboratory for PPCI.

ANSWERS



4. A 55-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a 10-minute episode of severe, crushing chest pain that radiates to the left arm and jaw. He is currently on amlodipine and atorvastatin. The patient's vital signs are: blood pressure 170/100 mmHg, heart rate 105 bpm, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical examination is unremarkable. The ECG shows ST-segment elevation in leads V1, V2, and V3. The patient is given aspirin, nitroglycerin, and morphine. The patient is then transferred to the cardiac catheterization laboratory for PPCI.

5. A 60-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a 15-minute episode of severe, crushing chest pain that radiates to the left arm and jaw. He is currently on amlodipine and atorvastatin. The patient's vital signs are: blood pressure 170/100 mmHg, heart rate 105 bpm, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical examination is unremarkable. The ECG shows ST-segment elevation in leads V1, V2, and V3. The patient is given aspirin, nitroglycerin, and morphine. The patient is then transferred to the cardiac catheterization laboratory for PPCI.