

QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The pain is described as a heavy, crushing pressure in the center of the chest, lasting for approximately 30 minutes. The patient reports a sense of impending doom and is diaphoretic. He has a history of smoking 20 cigarettes per day for 30 years and has been on aspirin 81 mg daily for the past 10 years. His current medications include lisinopril 10 mg daily, atorvastatin 40 mg daily, and metoprolol 50 mg twice daily. He has no known allergies. 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. Physical examination reveals a pale, diaphoretic patient with a regular tachycardia and no murmurs, rales, or crackles. The electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3. The patient's chest X-ray is unremarkable. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).

Parameter	Value	Reference Range
Blood Pressure	180/110 mmHg	90-120/60-80 mmHg
Heart Rate	110 bpm	60-100 bpm
Respiratory Rate	20 breaths per minute	12-20 breaths per minute
Oxygen Saturation	92% on room air	95-100% on room air
ECG	ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1, V2, and V3	Normal sinus rhythm
Chest X-ray	Unremarkable	Normal

What is the most appropriate next step in the management of this patient?

ANSWERS



What is the most appropriate next step in the management of this patient?