

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 patient reports a 15-minute episode of severe, crushing chest pain that radiates to the left arm and jaw. He has a history of smoking 20 cigarettes per day for 30 years and is currently on amlodipine and atorvastatin. His 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. ECG shows ST-segment elevation in leads II, III, and aVF. The patient is currently receiving aspirin 162 mg and morphine 4 mg intravenously.

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 elevation in leads II, III, and aVF	Normal

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

ANSWER



The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia, presenting with acute chest pain. The patient has a history of smoking 20 cigarettes per day for 30 years and is currently on amlodipine and atorvastatin. His 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. ECG shows ST-segment elevation in leads II, III, and aVF. The patient is currently receiving aspirin 162 mg and morphine 4 mg intravenously.

The most appropriate next step in the management of this patient is to administer intravenous tPA (alteplase) for acute myocardial infarction.