

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 has a history of smoking 20 cigarettes per day for 30 years and has been on a low-dose aspirin regimen for several years. His vital signs are stable, and his ECG shows ST-segment depression in leads II, III, and aVF. The patient is currently on a beta-blocker, a calcium channel blocker, and a statin. The medical history is significant for a previous myocardial infarction 10 years ago and a diagnosis of atrial fibrillation. The patient is currently on a low-dose aspirin regimen. The patient is currently on a low-dose aspirin regimen.

| Medication | Dose | Frequency |
|-------------------------|--------|------------|
| Aspirin | 81 mg | Once daily |
| Beta-blocker | 20 mg | Once daily |
| Calcium channel blocker | 300 mg | Once daily |
| Statin | 40 mg | Once daily |

2. A 45-year-old female 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. She has a history of smoking 10 cigarettes per day for 20 years and has been on a low-dose aspirin regimen for several years. Her vital signs are stable, and her ECG shows ST-segment depression in leads II, III, and aVF. The patient is currently on a beta-blocker, a calcium channel blocker, and a statin. The medical history is significant for a previous myocardial infarction 5 years ago and a diagnosis of atrial fibrillation. The patient is currently on a low-dose aspirin regimen.

3. 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 has a history of smoking 20 cigarettes per day for 30 years and has been on a low-dose aspirin regimen for several years. His vital signs are stable, and his ECG shows ST-segment depression in leads II, III, and aVF. The patient is currently on a beta-blocker, a calcium channel blocker, and a statin. The medical history is significant for a previous myocardial infarction 10 years ago and a diagnosis of atrial fibrillation. The patient is currently on a low-dose aspirin regimen.

ANSWERS



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