

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 radiating to the left arm and jaw. He has a history of smoking 20 cigarettes per day for 30 years and has been on a statin and beta-blocker 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 aspirin, clopidogrel, and a beta-blocker. The medical history is significant for hypertension, hyperlipidemia, and a previous myocardial infarction 10 years ago. The patient is currently on aspirin, clopidogrel, and a beta-blocker. The medical history is significant for hypertension, hyperlipidemia, and a previous myocardial infarction 10 years ago.

Medication	Dose	Frequency
Aspirin	81 mg	Once daily
Clopidogrel	75 mg	Once daily
Beta-blocker	50 mg	Once daily

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

ANSWER

The most appropriate next step in the management of this patient is to administer a 300 mg loading dose of aspirin. The patient is already on a low-dose aspirin (81 mg) and clopidogrel. The addition of a loading dose of aspirin is indicated for acute coronary syndrome. The patient's ECG shows ST-segment depression, which is consistent with a non-ST-elevation myocardial infarction (NSTEMI). The patient is currently on aspirin, clopidogrel, and a beta-blocker. The medical history is significant for hypertension, hyperlipidemia, and a previous myocardial infarction 10 years ago.