

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, radiating to the left arm and jaw. The patient has a history of smoking 20 cigarettes per day for 30 years and has been on aspirin therapy for several years. 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, consistent with an anterior wall myocardial infarction (MI). The patient is currently on aspirin 81 mg daily and atorvastatin 20 mg daily. The patient's last meal was 4 hours ago.

Medication	Dose	Frequency	Route
Aspirin	81 mg	Daily	Oral
Atorvastatin	20 mg	Daily	Oral

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

ANSWER



1. Aspirin 162 mg PO

2. Nitroglycerin 0.4 mg IV q 5 min x 3 doses

3. Morphine 2-4 mg IV q 15 min x 3 doses

4. Beta-blocker 1 mg IV q 15 min x 3 doses

5. ACE inhibitor 10 mg IV q 15 min x 3 doses

6. Discharge on aspirin 81 mg daily, beta-blocker, ACE inhibitor, and statin

Correct answer: 1. Aspirin 162 mg PO

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