

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 is currently on amlodipine and atorvastatin. 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 clear lung field and a regular sinus rhythm. An 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 clopidogrel 75 mg daily. The patient's last meal was 4 hours ago.

Medication	Dose	Frequency	Route
Aspirin	81 mg	Daily	Oral
Clopidogrel	75 mg	Daily	Oral
Amlodipine	10 mg	Daily	Oral
Atorvastatin	40 mg	Daily	Oral

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. This patient has an acute anterior wall MI, and aspirin is a cornerstone of the initial management. The patient is already on a daily 81 mg aspirin, but a loading dose is required for acute MI. The other options are incorrect: a 150 mg loading dose of aspirin is not recommended; a 300 mg loading dose of clopidogrel is not indicated; a 300 mg loading dose of aspirin and a 600 mg loading dose of clopidogrel is not indicated; and a 300 mg loading dose of aspirin and a 300 mg loading dose of clopidogrel is not indicated.

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