

### 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 and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation. The patient is currently on a beta-blocker and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation.

System	Findings	Assessment
Cardiovascular	ST-segment depression in leads II, III, and aVF	Non-ST-elevation myocardial infarction (NSTEMI)
Respiratory	No acute findings	Stable
Neurological	No acute findings	Stable
Gastrointestinal	No acute findings	Stable
Genitourinary	No acute findings	Stable
Musculoskeletal	No acute findings	Stable
Endocrine	No acute findings	Stable
Hematology	No acute findings	Stable
Immunology	No acute findings	Stable

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 and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation. The patient is currently on a beta-blocker and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation.

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 and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation. The patient is currently on a beta-blocker and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation.



4. A 55-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 and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation. The patient is currently on a beta-blocker and a statin. The medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of atrial fibrillation.