

QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with a 2-hour history of severe, crushing chest pain. The pain is described as a heavy weight on his chest and is not relieved by rest or nitroglycerin. He has a history of smoking 20 cigarettes per day for 30 years. His 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 2/6 systolic murmur at the apex. An electrocardiogram (ECG) shows ST-segment elevation in leads II, III, and aVF, consistent with an inferior wall myocardial infarction. The patient is currently on aspirin 81 mg daily and atorvastatin 20 mg daily.

Medication	Dose	Frequency	Route
Aspirin	81 mg	Daily	Oral
Atorvastatin	20 mg	Daily	Oral
Nitroglycerin	0.4 mg	As needed	Sublingual
Acetylsalicylic Acid	81 mg	Daily	Oral
Atorvastatin Calcium	20 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.

Aspirin is a platelet inhibitor that helps to prevent further clotting and improve blood flow to the heart.