

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, lasting for approximately 30 minutes. The patient has a history of smoking 20 cigarettes per day for 30 years and has no known allergies. 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 clear lungs and a regular 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 atorvastatin 20 mg daily.

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



The most appropriate next step in the management of this patient is to administer intravenous (IV) morphine for pain relief. The patient is experiencing acute chest pain, which is a symptom of an anterior wall myocardial infarction (MI). Morphine is a potent analgesic that can help reduce the patient's discomfort and anxiety. Additionally, morphine can help reduce the patient's blood pressure and heart rate, which is beneficial in the setting of an acute MI. Other options such as aspirin, atorvastatin, and beta-blockers are already being administered or are not the most appropriate next step in this scenario.

ANSWER: Morphine for pain relief.