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| **Case Introduction:** |
| 68M, presents to ER at 0800h with chest pain radiating to the R arm. |

| **Patient Parameters** | **Effective Management** | **Notes** |
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| **Phase 1: ST Elevation**  **Condition: Stable**  **Initial Assessment**   * **Heart Rhythm: Sinus rhythm, ST elevation** * **HR: 65** * **BP: 158/64** * **RR: 18** * **SP02: 97%** * **T: 37.1** * **Glucose: 7.8** * **CNS: GCS 15** * **Chest: clear** * **CVS: HS normal, no edema, JVP normal** * **GI: Obese** * **Weight: 111kg** | 1. **Take a focused history** (see Notes column) 2. **Medical Management**  * Monitor * Establish IVs * ECG – stat * Labs * ASA/NTG/consider O2. * Recognize STEMI   **Consequences of ineffective management** | 1. **Focused history**  * Chest pain episode yesterday – called MD’s office and told to go to ER. Pain resolved so he didn’t. * Awoke 0700 h and noticed increasing chest pain since going to bathroom. Some SOB with it. * No previous history of same.   **PMHx**   * HTN, quit smoking 22yrs ago, Family Hx CAD. Obese   **Meds**   * None   **Allergies**   * None |
| **Phase 2: Thrombolytics**  **Condition:**  **Physical Examination**   * **Heart Rhythm: Sinus rhythm, ST elevation with PVCs** * **HR: 65** * **BP: 128/58** * **RR: 20** * **SP02: 97%** * **CNS: GCS 15** | 1. **Patient Reassessment** (see Notes column) 2. **Medical Management**  * Initiate STEMI protocol – prepare for thrombolysis or Primary PCI * Consider admission/transfer requirements * Treat pain with NTG and analgesics   **Consequences of ineffective management** | 1. **Patient Reassessment**   **Airway**   * Patent   **Breathing**   * Spontaneous   **Circulation**   * Normal * STEMI on monitor |
| **Phase 3: VF arrest**  **Condition: Cardiac Arrest**  **Physical Examination**   * **Heart rhythm: VF** * **HR: 0** * **BP: --** * **RR: --** * **SPO2: --** | **1. Patient Reassessment** (see notes column)   1. **Medical Management**  * High quality CPR * Defibrillate as soon as ready * Follow ACLS cardiac arrest – VF pathway * Prepare for advanced airway * Prepare and administer meds as per ACLS guidelines | **1. Patient Reassessment**  **Airway**   * Consider placing advanced airway   **Breathing**   * No spontaneous resps   **Circulation**   * CPR in progress * Defibrillate as per guidelines |
| **Phase 4: ROSC**  **Condition: Stabilizing**  **Physical Examination**   * **Heart rhythm: Sinus rhythm with ST elevation** * **HR: 88** * **BP: 148/84** * **RR: not spontaneous** * **SPO2: 97%** * **GCS: 3** | **1. Patient Reassessment** (see notes column)  **2. Medical Management**   * ACLS Post-Cardiac Arrest care algorithm * Intubate pt, if not already done * Consider Targeted Temperature Management * Anti-arrthymics, if not already done * Thrombolysis, if PCI not available in 90mins and not given prior to arrest | **1. Patient Reassessment**  **Airway**   * Advanced airway needed if not already done   **Breathing**   * No spontaneous, needs to be ventilated   **Circulation**   * Stabilizing |