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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** |
| --- | --- | --- |
| **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
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| **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
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