

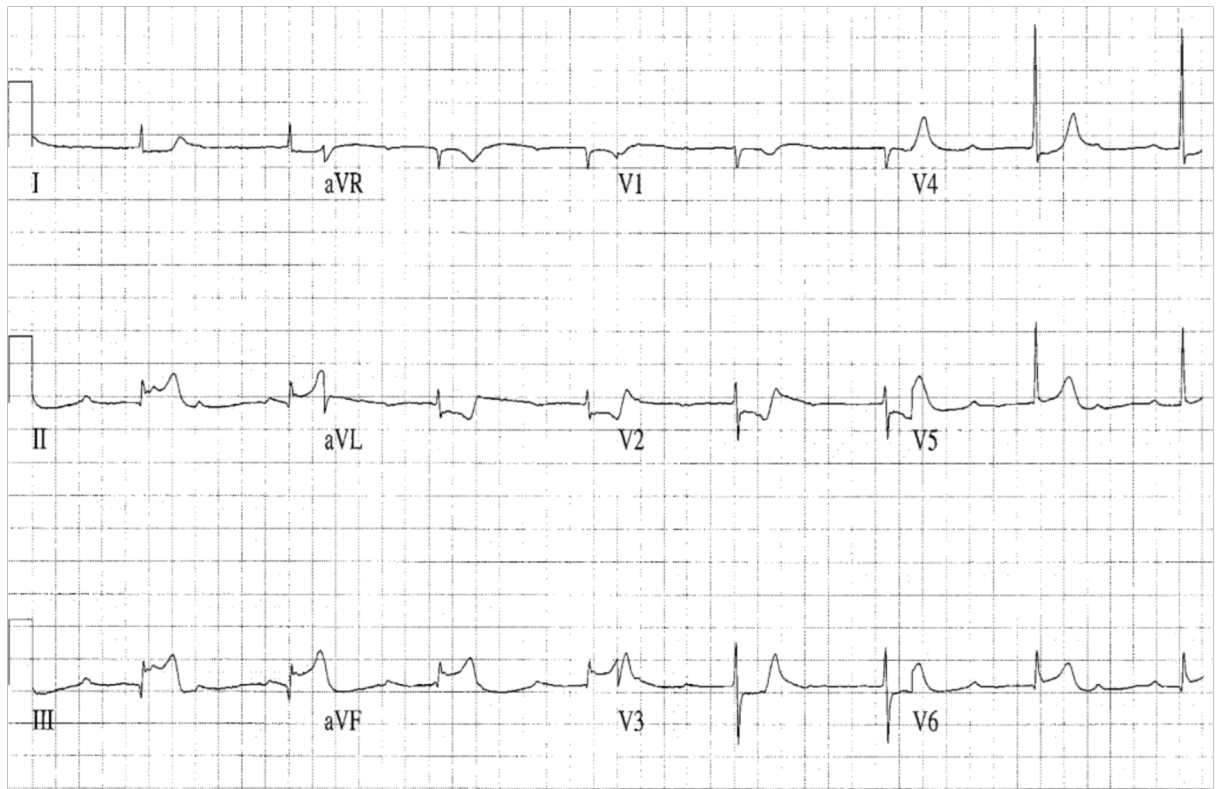
SAQ 3

A 60 year old male presents to you Emergency Department complaining of chest pain for the last 2 hours. He has no known medication history and does not take any regular medications.

His ECG on arrival is below.

a. What is your interpretation of his ECG ? (3 Marks)

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-
-



b. The patient's blood pressure is 80mmHg. Outline the key steps in managing his hypotension. (4 Marks)

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-
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c. The cardiology team have advised you to commence the patient on a vasoactive agent to improve his blood pressure. List 3 appropriate inotropes / vasopressors and their dosing below. (3 Marks)

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Answers

a)

Inferior STEMI - 1 Mark

Complete heart block - 1 Mark

1 Mark for any of:

Possible RV involvement (STE III>II)

Possible posterior involvement (Flat ST depression V2-3)

Bradycardia

b. Main priority revascularisation - angioplasty / thrombolysis - 1 Mark

Cautious fluid bolus - must acknowledge risk of pulm odema or use bolus <500ml - 1 Mark

1 Mark each for any two of:

Atropine - likely to be ineffective

Avoid / cease GTN

Transcutaneous pacing

Inotropes as listed below only

IABP - only acceptable if preceded by revascularisation

c.

| | Agent | Dose |
|----|----------------------|--|
| 1. | <i>Dopamine</i> | <i>3-5 mcg/kg/min to maximum of 20-50 mcg/kg/min</i> |
| 2. | <i>Dobutamine</i> | <i>2-5 mcg/kg/min to maximum of 20 mcg/kg/min</i> |
| 3. | <i>Noradrenaline</i> | <i>2 mcg/min up titrate to response</i> |

1/2 Mark for each correctly completed box.

Taken from Tintinalli's Emergency Medicine 7th Edition Chapter 54 Table 54-5 Pg 388 with Milrinone excluded. Consistent with management advice in Dunn Emergency Medicine Manual 5th Edition Vol 1 Chpt 28 Pg 440