

### SAQ 8

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)**

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

*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. 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)**

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

*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*

