

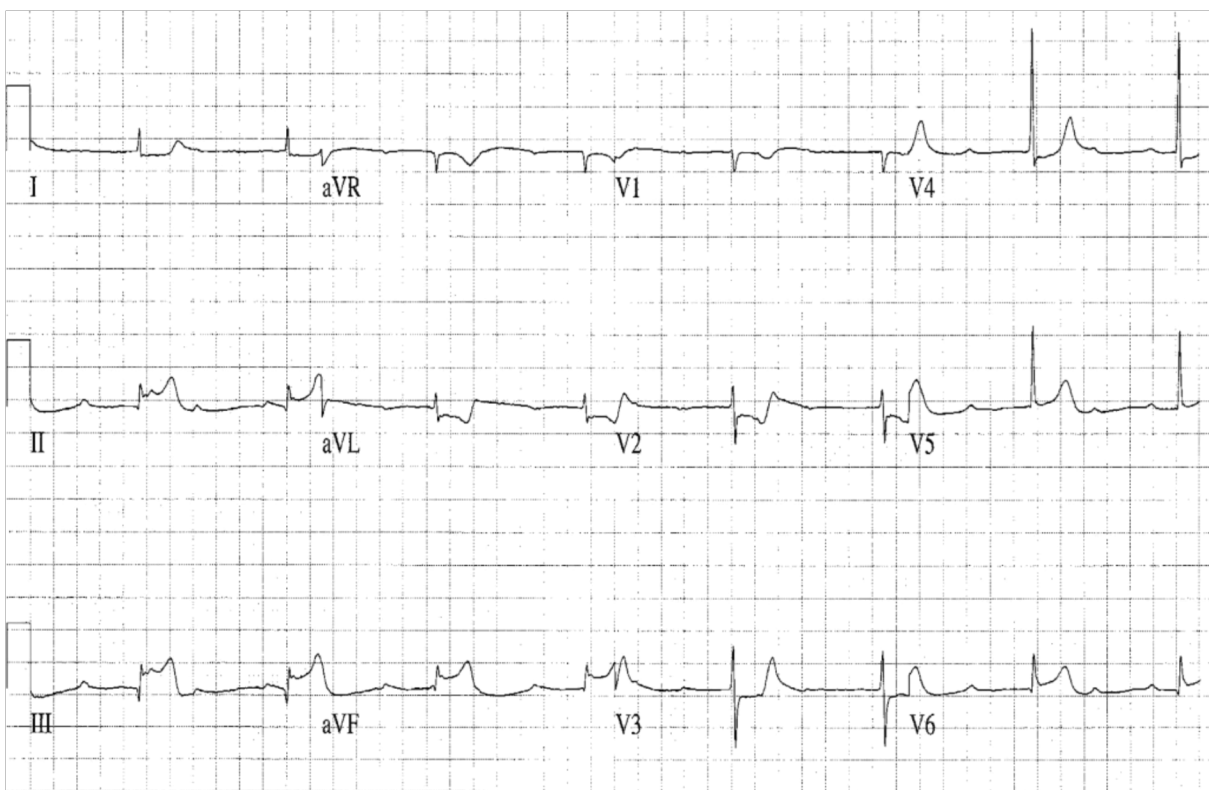
Cardiology SAQ's

SAQ 2

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)**



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

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