Acute coronary syndrome
Paramedic case studies #4

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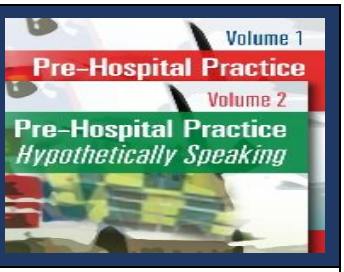

Past history

You are attending a 55 year old woman with no major past diagnosed medical history. She has been c/o episodes of breathlessness and light-headedness over the last few months. During exertion she also c/o sharp pains beneath her sternum.

Today

Today she has collapsed at her home with breathlessness and the sharp chest pain again. Her husband called for ambulance help.

On examination

CNS GCS=15 alert and oriented
CVS pale cool clammy P=80 BP=130/85
Resp 20 c/o breathless feeling, nil dyspnoea evident, on ausc. chest clear L=R
Chest c/o sharp substernal, not radiating, not changed by position, movement or deep inspiration
GIT c/o nausea, nil vomiting, nil epigastric pain
ECG sinus rhythm
Pulse oximetry 96%

Working assessment

Acute coronary syndrome, suspected AMI

Management

Discuss reasons for default payoff to cardiac until proven otherwise. In particular discuss differences between male and female presentation including atypical pains and more common unusual signs and symptoms.
Oxygen – related to pulse oximetry so not required (discuss breathless/SOB versus dyspnoea)
Aspirin – reasons why? When not to?
Nitrates – reasons why? When not to? Modification for hypotension, rhythms, inferior MI with right ventricular involvement
Opioids – what risks are there? Is it needed? i.e. is pain severe enough
12 lead ECG – prehospital role in early notification. Acute STEMI changes may not be evident
Scene time – minimal with need for definitive therapy including PCI or thrombolysis so destination is important