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Diploma in Pharmacy 2nd Year

Pharmacotherapeutics

Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Myocardial Infarction (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Myocardial Infarction (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 10 - 14

Theory :

1. Myocardial Infarction

i) Case I

a. Subjective:

- **Name:** XYZ **Age:** 32 yrs
- **Sex:** Male
- **Unit:** MED I
- **DOA:** 13/09/2010
- **Reason for Admission:** The abrupt onset of postprandial chest pain.
- **Past Medical History:** Nil.
- **Past Medication History:** Nil.
- **Family History:** NA
- **Allergies and Social History:** Penicillin (unknown reaction).

b. Objective:

- **Height:** 5'4"
- **Weight:** 78 Kg
- **Gait:** Steady
- **BP:** 158/81mmHg
- **PR:** 83 bpm
- **CVS:** Abnormal ECG
- **RS:** 28/min
- **Temperature:** 36.3°C
- **Oxygen Saturation:** 100%

c. Assessment:

- **Jugular Venous Pressure:** 6 cm of water with a normal waveform.
- **Stool:** guaiac negative.
- **Urinalysis:** Specific gravity of greater than 1.040 and was otherwise normal.
- **Urine Toxicology Screen:** Revealed cannabinoids
- **Blood Toxicology Screen:** negative
- **Electrocardiogram:** Showed concave ST-segment elevations (1 to 2 mm) in the inferior leads and V through V precordial leads, along with a PR-segment elevation in lead aVR and possible subtle PR-segment depressions.

d. Plan:

Aspirin, clopidogrel, intravenous morphine sulfate, lorazepam, ranitidine, aluminumhydroxide-diphenhydramine-lidocaine magnesium hydroxide, and intravenous infusions of heparin andnitroglycerin were administered and emergency coronary angiography.

ii) Case II

a) Subjective:

- **Name:** ABC
- **Age:** 57 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 11/8/2008
- **Reason for Admission:** 20-minute episode of diaphoresis and chest pain. The chest pain was central, radiating to the left arm and crushing in nature.
- **Past Medical History:** Nil
- **Past Medication History:** 300 mg aspirin orally and 800 mcg glyceryl trinitrate (GTN) spray sublingually administered
- **Family History:** Nil
- **Allergies and Social History:** Nil

b) Objective:

- **Height:** 5'3"
- **Weight:** 75 Kg
- **BP:** 180/105mmHg
- **PR:** 83 bpm
- **CVS:** Abnormal ECG
- **RS:** 25/min
- **Temperature:** 38°C
- **Oxygen Saturation:** 97%

c) Assessment: Laboratory findings of blood glucose level

- **Catheterisation Laboratory:** Left anterior descending coronary artery (LAD) was shown to be completely occluded.
- **Urinalysis:** Specific gravity of greater than 1.120 and was otherwise normal.

- **Blood Toxicology Screen:** negative
- **Electrocardiogram:** The ECG shows ST elevation in leads V₂- V₆ and confirms an anterolateral STEMI, which suggests a completely occluded LAD.

d) Plan:

Atorvastatin 80 mg, Clopidogrel 300 mcg, GTN 500 mcg, Ramipril 2.5 mg. ACE inhibitors have also been found to improve left ventricular remodeling and function after an MI. Furthermore, GTN and morphine have been found to be of only significant symptomatic benefit.

Result :

Notes on subjective, objective, assessment and plan for Myocardial Infarction (real/ hypothetical) disease conditions was prepared and discussed.

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