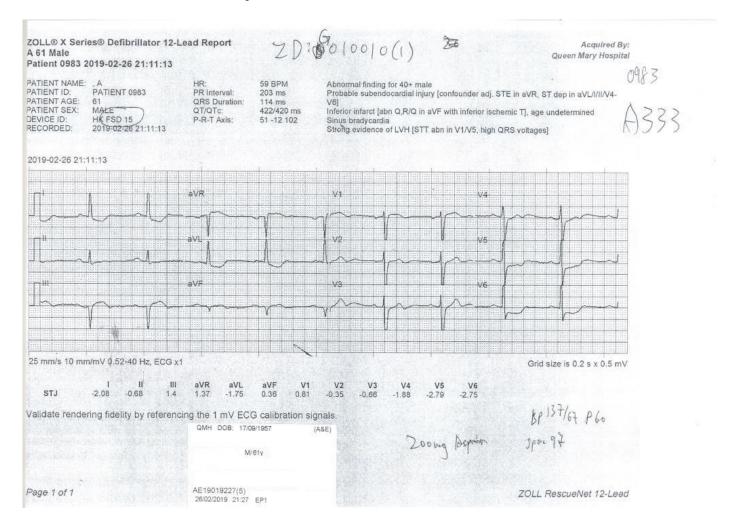
ACS Case Presentation

ACS case

- M/61
- non smoker
- HT, gallstone, right inguinal hernia with repair
- private CT coro in 2014: minor CAD
- called ambulance for chest pain since 8pm

Pre-hospital ECG



| Aspirin | 200mg | given | bv | am | bu | lance | man |
|----------------|-------|-------|----------|-----------|----|-------|-----|
| , 10 p | | o | \sim , | G. | - | | |

心胸捕獲人表格 Cardiac Chest Pain Patient Form OMH DOB: 17/09/1957

(惠理 12 歲來以上前往馬麗智院急經至的心器確絕人時,必須道爲此表格 Filling this form for care

(A&E)

| 日曜日期 Date of call | 行性時間 Time of call | 则经被人時間 Patient side time | Wife. | 救護車頭號 Amb. No | M/61y | |
|----------------------|----------------------|-----------------------------|-------|------------------|---------------------------------------|--|
| 26-2-2019 | 2048 hrs | 2100 hs | ABDAD | A333 | AE19019227(5) 26/02/2019 21:27 EP1 | |

| 步驟 Step 1 | 依照消防處救護車心胸痛抗 | 指引施救 FSD Ambulanc | e Cardiac Chest Pain Protocol followed |
|--------------|--|---|---|
| 2 | ✓ 在 (S) 現場 / (A) 救護車 否適合進行院前心電圖 At (S) Scene / (A) on Am | 上,根據下列各點決定病人是 abulance, check the following y for prehospital 12-lead ECG. | 詞圈 Please circle: |
| | 檢 | 查 Check | 行動 Action |
| 3 | ✓ 病人 是 心臟驟停 | Patient in Cardiac Arrest | 到最就近醫院 Go to Nearest Hospital |
| | ✓ 病人 不是 心臟驟停 | Patient NOT in cardiac arres | t → 步驟 4 Step 4 |
| 4 | 病人的 氣道 及/或 呼吸 | Patient's Airway &/or Breathing | |
| | ✓ 不能 有效地處理 | CANNOT be managed | 到最就近醫院 Go to Nearest Hospital |
| | ✓ 能 有效地處理 | Can be managed | → 步驟 5 Step 5 |
| 5 | 生理性範疇 (A) 格拉斯哥昏迷等級評分≤13 或 VPU 等級不完全清醒 (B) 收縮血膠<90mmHg 或毛細管血液固流灌注爾時多於兩秒 | Physiological Criteria GCS ≤13 or VPU/ not completely alert Systolic BP <90mmHg or Capillary refill >2sec | |
| | | Respiratory Rate <10 or >29 minute - 種或多於一種的生理性範疇 | 到指定屬區醫院 |
| 6 | ≥1 of the above 5(A)-5(C) p ✓ 不符合以上 5(A)-5(C) 任何 None of the above 5(A)-5(C) 告知病人將會進行院前心電圖 Inform patient for performance o | 可一種的生理性範疇 c) physiological criteria met f prehospital ECG | Go to Designated Hospital → 步驟 6 Step 6 |
| | 如果心電圖有 I (Ambulance man) will perform ECC doctor for immediate diagnostic | 「急性心肌梗塞迹象,醫生可以及早 G for you (Patient) (+/-show attached) | diagram), which will be transmitted to QMH A& te myocardial infarction, doctor may arrange |
| | (22553007 | 圖 → 離開現場,到瑪麗醫院急症 7) 並提供病人之香港身份證號碼 smit ECG → Rapid transport to Q | → 步驟 7 |
| | (22553007) 拒絕 - | to provide patient's HKID numbe → 離開現場,到瑪麗醫院急症室→ → Rapid transport to QMH A&E - | # → Step 7 步驟 7 |
| 7 | 繼續執行消防處救護車心服 送瑪麗醫院急症室途中緊密 | | nce Cardiac Chest Pain Protocol continued |

(Rev. 11/2018)

History

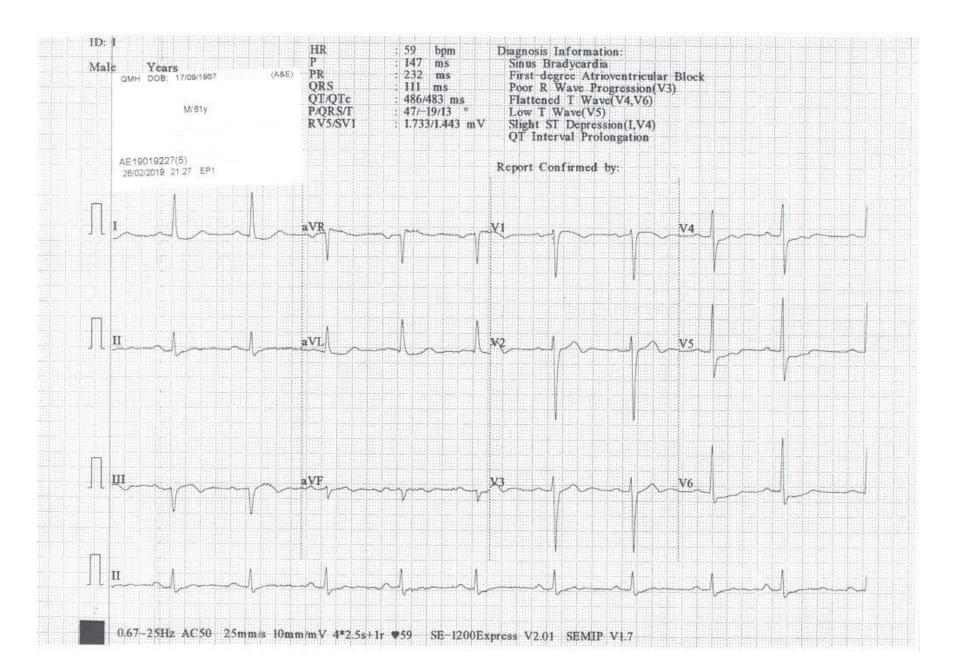
- retrosternal chest pain radiates to both shoulders and back
- associated with sweating
- also bilateral LL numbness

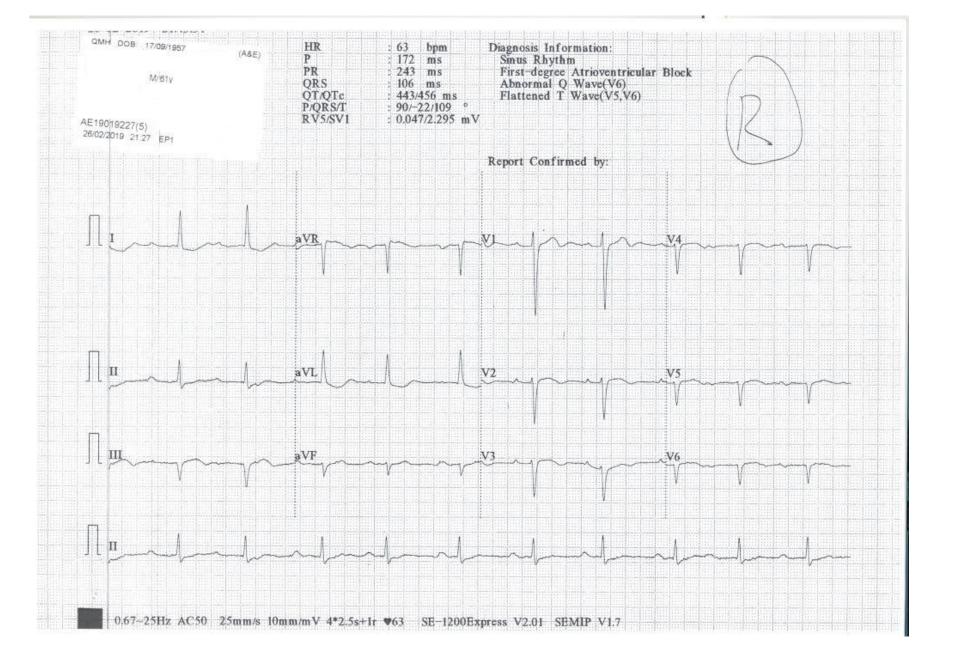
Physical Examination

- BP 97/63, P 61
- RR 18/min., SpO2 97 (room air)
- temp. 36.6
- chest: heart sounds normal, no murmur detected, no basal creps

| Diagnosis | Inférier M. | T, | | (D) | Queen | Al Auth | spital | | |
|--|--|--------------------------------|--|---|--|---|--|----------------------------|--------------|
| | | | | | | MH <u>AE19</u> (| 019227 | (5) | |
| ACCIDEN | T & EMERGENO | CY RECOR | D | | ID N Y/N | | | M61y | |
| | Cat 2 Ca | | | ☐ Vision | Date | | | | |
| Cubicle 3 | 11-1-1 | g Hall 🕜 | | ☐ Hearing | Tel | | | | |
| | Upgrade to: | 01 | 02 03 04 | Speech | | | | | |
| age Assessn | nent Sy: | | 9A OV OP OU O O O Q | □ Lang. Barr. | Acci | | | | |
| 57,4 | - 5 mmHg | GCS V | 00000 | Nurse-ini | tiated I | nterventio | ons Fa | II Risk 📝 | Yes No |
| se 6.1. | . (Reg / Irreg.) | M | 000000 | O Dressing | | | Sting | , | |
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| ile - D | 1 | VA - /B) | £ (1) | # ECG | a | lemmin | V. I | 1 | |
| lef Compla | int / History : | Pain Scale | 10 LMP: Sweets | † ECG | 21.6 | agreem. | | 4 | |
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| | | 10195 | Report No. | | | | | | |
| ssessment : | Admit CCIÁ | | Reduction | | ocedure : | O Dress | O C B'age S | | one POP |
| FTCOME : Home Dsch + FU | | Adv | ice / Sheet given : | Pro | ocedure : | Dress | B'age S | uture Glu S-Strip | |
| TCOME : Home Dsch + FU DAMA | | Adv | ice / Sheet given : | Pro C Fo | ocedure : | | B'age S | uture Glu S-Strip | NGT |
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| buse Nature Physical Psych S pecial Code | Resuscitation exual | Animal Dog Cat Monk | ○ Rat ○ Snake | ARV Hyperrab | | Jen | 13 | 0 |
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| | | | O Common Assaul | t Traffic | Oncol | ○ Eye | ○ ENT | |
| | | | Indecent Assault | Unclassified | O Burn | O Derm | O Dental | |
| | | | | | | | | |





Progress

- AMI clinical pathway commenced
- CCU consulted
- CBP, L/RFTs, TnT, CK, PT/APTT, X match
- CXR
- Normal saline infusion

| W 放電車 総 NG 27.3 A L NG 27.3 | Affix Patient | M/61y | (A&E) |
|--|---|---|-------------|
| Resuscitation record, AED_ | Hospitz AE 1901 Sex/ A 26/02/20 | 9227(5) 119 21:27 EP1 | _ |
| O Trauma O'Nontrauma | | | |
| Arrival Time: 2 2 Incident Time: | Allergies: | Estimated | d BW: |
| A. INCIDENT O TA: O Driver O Passenger (front / back) O: | Seatbelt O Airbac | deployment O Pedestri | |
| O Burn . O Scald O Electrical O Chemical O | | O Domestic O Assault | |
| O Fall (m) O Drowning (sea / fresh water) | O Self-ir | | O industr |
| MECHANISM OF INJURY: | | | |
| \ | retu tof | to care | |
| CHIEF COMPLAINT: | | | |
| O Recent Alcohol | O Drugs: | | |
| B. PRE-HOSPITAL MANAGEMENT | | WOULD BE THE | 1 |
| O Assisted ventilation | O CPR | O Pressure bandages | |
| O Oral airway O LMA O Combitube | | | |
| O C-spine immobilization | O Defibrillation | O Extremity splint | |
| O Neck collar | No. of shocks: | Time applied: | |
| O IVI access | | O Spine board | |
| IVI fluids: #1 #2 | 1 | | |
| Medications given: ECG on arrival: OVF OVT OPEA O Bradvear | Name of the second | Marie | 02000000000 |
| | dia O Asystole | O Agonal rhythm O SR | O Others: |
| | | | |
| | Called at | Answered at | Arrived |
| O Surgery 1 st call | | | |
| | | | |
| O Surgery 2 nd call | | | |
| O Surgery 2 nd call | | | |
| | | | |
| O O & T 1 st call | | | |
| O O & T 1 rd call | 8 | | |
| O O & T 1 ²¹ call O O & T 2 nd call O ICU | 205 | (126) | Sizv |
| O O & T 1 ⁵¹ call O O & T 2 ⁷⁴ call O ICU O Anaesthesiology Ø CC U | 2125 | 2128 | (>138 |
| O O & T 1 ³¹ call O O & T 2 ⁷⁴ call O ICU O Anaesthesiology Ø ⟨ C U | 2125 | 2128 | >138 |
| O O & T 1 st call O O & T 2 nd call O ICU O Anaesthesiology Ø CC (/ | | Action / Comment | >[38 |
| O O & T 1 st call O O & T 2 nd call O ICU O Anaesthesiology Ø CC (/ | O OPA / NPA | O LMA O Co | >(3) |
| O O & T 1 ⁵¹ call O O & T 2 ⁷⁴ call O ICU O Anaesthesiology C C (/ O C. PRIMARY SURVEY AIRWAY Clear O Obstructed | O OPA / NPA O Neck collar | O LMA O Co O Spine board O He | >(3) |
| O O & T 1 ⁵¹ call O O & T 2 ⁷⁴ call O ICU O Anaesthesiology © CC (/ O C. PRIMARY SURVEY AIRWAY © Clear O Obstructed | O OPA / NPA O Neck collar O Suction | O LMA O Co O Spine board O He O Others | |
| O O & T 1 ²¹ call O O & T 2 ⁷² call O ICU O Anaesthesiology © C U O C. PRIMARY SURVEY AIRWAY © Clear O Obstructed C-spine O Obstructed | O OPA / NPA O Neck collar | O LMA O Co O Spine board O He | |
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| O O & T 1 st call O O & T 2 nd call O ICU O Anaesthesiology © C U O C. PRIMARY SURVEY AIRWAY © Clear O Obstructed C-spine O Stabilized BREATHING © Spontaneous O Apnoeic CIRCULATION Pulse O Present O Absent | O OPA / NPA O Neck collar O Suction O O ₂ Mask O BVM | O LMA O Co O Spine board O He O Others | |

Page 1

| | | BL | DOD TE | STS | RADI | OLOGICAL | STUDIES | |
|--------|---------------------------------|---------------|----------|-------------------------------|---------------------|-----------|---------------------------|--------------------|
| | BLOOD | SENT AT | | TEST | TAKEN AT | | REGION | |
| AH'sti | x Rommol/I | | Ø X-n | natch Unit | 5504 | (2) Ches | t | |
| Нь | 3.9 g/dl | | ∂ СВ | P@ R/LFT | | O Pelvis | S | |
| Keto | one mmo/1 | MU5 | @ PT | APTT | | O C-spi | ne (lateral) | |
| | URINE | 1 | ОАВ | G | | * | | |
| RBC | | | ОТо | kicology | | | | |
| Preg | gnancy | | O RG | | To CT Suite | at | | |
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| . INT | ERVENTIONS/PROCEDU | RES | | | Dept. of the second | 40.75 | 7 | SVE |
| TIME | INTERVENTION/PROG | | BY | | REM | ARKS | | |
| 7.1.1 | OETT | | (2000) | Size: De | oth marking: | cm Cuff | pressure: | cmH₂O |
| | O Tracheostomy | | | Size: | | | | Ξ |
| | O Needle / Surgical cricoth | yrotomy | | Size: | | | 12 | |
| | O CPAP | | | Pmax: | cmH ₂ |) PEE | P: | cmH ₂ O |
| | O BIPAP | | | Pmax: cmH | 120 Pinsp: cmHz | PEEP: c | mH ₂ O Trigger | L/min |
| | O eCPR | | | Start at: | | | | |
| | O Needle decompression | n | | | | | N | |
| | O Chest drain | | | Left - Size: Right - Size: | Nature: Nature; | | Amt.: | ml ml ml |
| | O A-Line / Central line | | | Site: | | | | |
| | O Pericardiocentesis | | | Nature: | | Amt. aspi | rated: | ml |
| | O DPL | | | Nature: | Amt. In: | ml | Amt. Out: | ml |
| | O Naso/Orogastric tube | | | Size: | | Nature: | | |
| 1'x | O Gastric lavage | 6 | 2- | Amt. In: | · ml | Amt. Out | | ml |
| 10 | • Foley | | 3 | Size: (4 | Nature: | | Amt.: | ml |
| | O Suturing | | | No. of Stitch | es; | LA given | | ml |
| | O Pelvic binder O Limb splint | | | Applied at: O Sam | O Harr | Traction | O Others | |
| | Neurovascular Status | | | Pre: Sensati | on Motion | Traction | Pulse Pulse | 9 |
| CHE | CKLIST FOR TRANS | FER | | | | | | |
| 1. | ETT | O Patent | | O Secure | d | | | |
| 2. 1 | Portable ventilator | O Setting | g & alan | ms checked | O Correctly a | ssembled | O No gas | leakage |
| 3. | Oxygen cylinder (Size FX) | | | gas volume | Ø No leakage | | | |
| | BVM & suction device | @ Functi | on chec | ked | | | | |
| 5. | Physiologic monitor | Batter | y & alar | m checked | | | | |
| 6. | Defibrillator | Ø Batter | y & alar | m checked | | | - | |
| 7. | IV fluid & drug infusion | © Runni | ng prop | erly | | | | |
| 8. | All Catheters (IV, urinary, dra | in) 8 In situ | & secu | red | | | | |

Page 2



Management

- Ticagrelor 180mg given
- persistently lowish BP
- Normal saline FR X3
- Dopamine infusion
- Foley insertion
- bedside echo.: EF 50%, RV akinesia, no pericardial effusion, no flap seen (no hard copy saved)
- imp.: RV inferior wall infarct, cardiogenic shock
- plan: PPCI

M/61y AE19019227(5) Sex/, 26/02/2019 21:27 EP1 Resuscitation record, AED att c F. OBSERVATION/VITAL SIGNS 7 2138 21862152218 2000 260 260 sing fin Gre 240 240 record, the Nur etc. 220 220 200 200 D 180 180 ED 160 160 ///kwc,home/webapps/Dept/HRC 140 140 120 120 100 100 80 80 60 60 40 40 R Size(mm) pupil Reaction L Size(mm) pupil Reaction T°(O/R/T)(°C) 18 16 RR 9+ 95 96 98 SpO₂ (%) KA KA 22 2 21 O2 Used (%) RA ETCO₂ (kPa) CVP (cmH2O) H'stix (mmol/l) 4 4 GCS TOTAL

Page 3

G. MEDICATIONS (If not given IV, please specify route: ETT / IOS / IC (Intracardiac) / SC / IM / Inhal.) Drug Allergies & History:

✓ NKDA

☐ Yes Time/Dose Given By Time/Dose Given By Time/Dose Given By 1. Adrenaline 2. Dormicum 3. Etomidate 4. NaHCO₃ Suxamethonium 220 / 11 Soms Bilanda H. IV FLUID (P = Peripheral, C = Central, IOS = Intraosseous) Line B (Site: P/C/IOS) Nature Amt. Rate Amt. given Time Nature Amt. Rate Given By Amt. given 144 MS Dr 800 NS 500 FR Naich HB PIC/IOS) FLUID GIVEN AT A&E Fluid Warmer O Prep O Used te Given By Amt. given Nature of fluid Total amt. given Nature of fluid Total amt. given Hartmann's X CX AC TO NS Gelofusine I. IV DRUG INFUSION 1. Dopamine: Hot mg in the ml D5) started at 2 Do Thrs Rate (D m1 m .via Line: A/B/C Given by: hrs Rate Paul Avous via Line: A/B/C Given by: (mg in ml D5) started at Time/Joule Time/Joule Time/Joule Time/Joule Defibrillation Syn. Cardioversion Time: ppm: Time: J. DISPOSAL Wristband: € Yes O No Record with Patient's Label: € Yes O No X-ray Films to Ward: O Yes O No Relative/Friend Present: Tyes O No Admission Informed to Relative/Friend: Tyes O No Property: ⊕ Yes O No Kept by: O Patient ⊕ Relative O Ward O PC Leave AED at 21 3 hrs Escorted by: ○ Secont Box Manual Resuscitator O Portable Ventilator Physiologic Monitor O Pulse Oximeter O ETCO2 Infusion / Syringe Pump O Drugs For Trauma Case Only O To before leaving A&E _____oC O To before leaving CT Suite _____oC Certified dead at hrs O Dead O DAA Name of Doctor: Tre Tet Chy Signature: Name of Nurse: Signature:

Page 4

| @ | QMH DOB: 17/09/1957 | | |
|---|---|---------------------------|---|
| 現無智元 QUEEN MARY HOSPITAL. | M/61y | | |
| | i | | |
| Acute myocardial infarction clinical pathway | E AE19019227(5) 26/02/2019 21:27 EP1 | | |
| UnCx - LOS: 5 days | | | 3 |
| Specialist in-charge: | Case Manager: | | <u> </u> |
| Date of Admission: 26 2 1.9 | Date of Discharge: | | ā |
| Dute of Franciscon. | | | lly |
| Jiag / Too a mong/ | | | |
| Principal Diagnosis: | MI (*STEMI / NSTEMI) | | 2 |
| Other Diagnosis: | 20 | | |
| Risk factors: *DM (HT) Hyperlipidaemia / Smoker / Ob | besity / Sex / Age / Family | History | 1 |
| | | | 2 |
| SUMMARY | | | |
| (Acute Myocardia | | STEM | иі 📑 |
| NSTEMI | * | ICD: Ant / Antero- | MI sep 410.11 Lat 410.51 RV 410.81 0.91 medical |
| | | Inf 410.41 | Lat 410.51 |
| ICD: 410.71 | | Post 410.61 Unknown 41 | 0.91 |
| | | ', | la c |
| | | | ¥ |
| Primary PCI | Thrombolytics | | medical tment |
| ICD: 36.06(single v) | ICD: 99.29 | tica | Unenc |
| 36.07(multiple v) | T | | |
| | | | |
| Failed reperfus | sion Successfu | I reperfusion | |
| | - | | |
| District West for | - | <u></u> | <u>+</u> |
| Risk stratification | R | isk stratification | |
| | | 1 | |
| Invasive Medical Rescue PCI | Invasive | Medica | |
| Strategy | Strategy | Strate | ду |
| SECONDARY BIACHOSIS | | | |
| SECONDARY DIAGNOSIS : Acute Pulmonary Oedema | ☐ Cerebrovascular Acciden | t | |
| ☐ Arrhythmias ☐ Acute Renal Failure | □ Cardiac Rupture □ Pericardial Effusion | | |
| ☐ Cardiac Arrest ☐ Cardiogenic Shock | ☐ Respiratory Failure ☐ Others | | |
| Li Gardogerio Grock | | | |
| | NAME | STAFF NO | SIGN |
| DATE | | | |
| Seen by OTHER PT | | | |
| Seen by OTHER PT TEAMS: OT | | | |
| Dietitian MSW | | | |
| Dietitian MSW Note: This clinical pathway is only a quideline for stand | lard of practice. | ed. | First implemented |
| Dietitian MSW Note: This clinical pathway is only a guideline for stand Independent clinical assessment and management for | dard of practice. individual patient is require as appropriate | ed. | |

| | E 智 的 EEN MARY HOSPITAL | | Pat | ient! QMH DOE | 17/09/1957 | (A&E |) - |
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| Day 0 (1: | st hour) : / / | | | | | | |
| Constitution and the | | | Sex | AE1901922 | 7/5) | | 1 |
| M | arly reperfusion, pain re laintain stable haemody | namics | | 26/02/2019 | 21:27 EP1 | | _ |
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| | | SU | SPECTE | D AMI | | | |
| Похупет | n supplement if SaO ₂ less th | an 90% or nO₂ le | es than 60 | mmHa □C | LOTH | | Done |
| 100000000000000000000000000000000000000 | s chest pain (site / severit | | | | L. GTN Access x 2 | | |
| Ø ÉCG | o orient pain (one i bevern | y r radiation r de | radonj | - LIAV | Access x 2 | | |
| | | 10 | Confirmed | AMI / | 18 | | |
| | | , L | onnirmed | AMI | | | |
| | - NSTEMI | | | | | ↓ STEMI | |
| Inform | Cardiac M.O. | | | 211 | 31.155 | + | Done |
| lx | / | RFT/LFT | | MATCH | -/- | | |
| | | PT / APTT | 1 | MATCH (R | D. | 11.1 | Noice |
| Rx | ☐ P.O. Aspirin 280-360 | mg Looy giv | O TI | IG (Tablet / spr | ay) (BP >100 | mmHg) | |
| | ☐ ± IV Morphine (2-4m | g) (BP>100mm | Hg) □ ± 1 | V Maxolon (5-1 | 0mg) | | |
| | | | EI'C | lopidogrel 600mg | P.O. / Prasug | rel 60mg P.O. / | |
| | ☐ ± IV Nitrates for pain | relief | □ Fo | cagrelor 180mg patients receivi | na thrombolysi | s: ', | |
| | | | | | | | |
| | | 153 | ~ 77080 | opidogrel 300mg prelor/prasugrel NO | T recommended | O: if age≥75) I in acute phase> | |
| Monitoring | | nitoring & record | ~ 77080 | neionprasugrei ivo | T recommended | O: if age≥75) I in acute phase> | |
| Monitoring | ☑ Vital signs | | d arrhythr | nias | 1 recommended | I in acute phase> | |
| Monitoring | | everity (0-10 sca | d arrhythr | nias | 1 recommended | I in acute phase> | |
| Monitoring ₂ | Vital signs Assess chest pain se D Emotional support to | everity (0-10 sca | d arrhythr | nias | 1 recommended | I in acute phase> | |
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| If pain exte | end >12h | If <12 hrs | | ** PCI preferable if | |
| → conside | | 1 | | Cardiogenic shock | |
| | 14 | *Contact cardiac M.O. E | xtn.1380 | Acute pulmonary edema | |
| | | ↓ | | Systemic hypotension (cool, clammy) | |
| | | ♥Cath, Lab. ava | ilable | | _ |
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| | T | 1 | | * <u>Yes</u> | |
| Check list for T | hromholysis / | please check all boxes) | | | 2 |
| Absolute contra-ir | | prouse crieck all boxes) | - 10 | ORO ± PCI | E E |
| No any prior intra | cranial hemorrha | age | No B | elative contra-indications :/ | O O |
| No known structu | iral cerebral vaso | cular lesion (e.g. AVM) | □ N | lo history of anaphylaxis with contrast | SSH |
| No known malign | ant intracranial r | neoplasm (primary or metastatic) | □ N | lo acute internal bleeding | 9 > |
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Progress

- to CCU
- pending PPCI
- Bedside echo. done by on-call cardiologist:
- flap at ascending aorta
- moderate AR
- no pericardial effusion
- urgent CT thorax
- CTSU on call alerted

Bedside echo.







Procedure: Thorax+con., Thorax plain

Clinical Information (from referring clinician):

Acute chest pain since 8pm, Iow BP, ECG inferior/ RV lead STE, bedside echo ? dissection flap and AR. CXR: widened mediastinum, to r/o dissection

Diagnosis (from referring clinician): acute chest pain and inf/ RV infarct

Evidence of type A aortic dissection is noted. It is seen extending from the aortic root to the aortic arch. The dissection extends inferiorly to the descending thoracic aorta down to the infrarenal

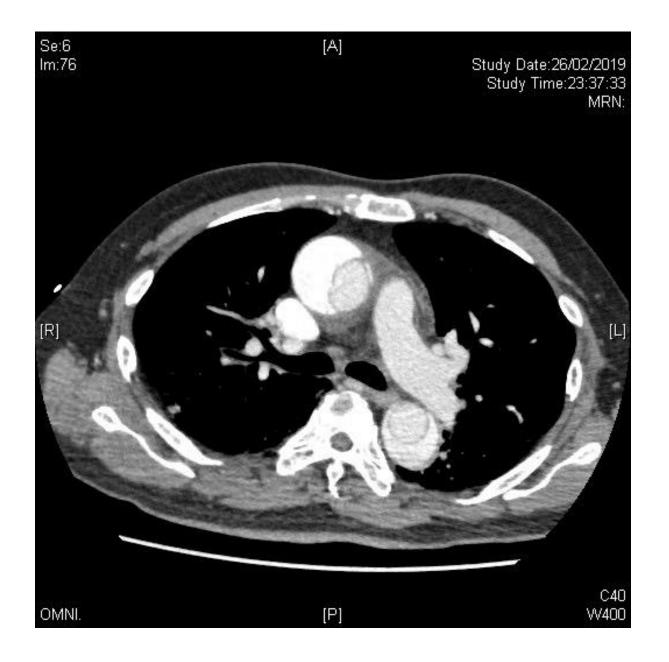
The dissection extends to the right subclavian artery, the proximal part of the right CCA, and the proximal left subclavian artery.

The dissection is seen extending inferiorly to the infrarenal region. The dissection also involves the origin of coeliac trunk.

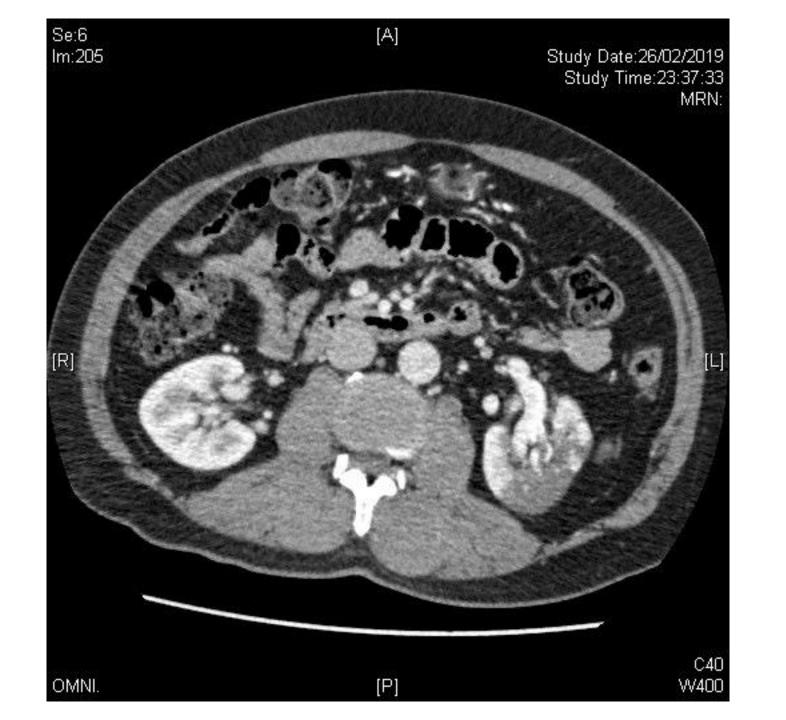
The dissection also extends to the left renal artery. Patchy hypoenhancing areas is noted at the left kidney. Most compatible with renal infarcts.

The right renal artery, SMA, and L CCA are spared.









blood test

| Collect Date : Collect Time : Request No. : Remark : | 27/07/18 09:56 C7270886 htaa | 27/07/18 10:14 C7272655 htaa | 27/07/18 10:16 C7272175 htaa | 26/02/19 21:42 C2271078 NSTEM1 | 26/02/19 21:42 C2271079 NSTEMI | Ref. Interval | Units |
|---|---|---------------------------------------|---------------------------------------|---|---|---|------------|
| la | | | 145 | 144 | | 136 - 148 | mmo1/L |
| | | | 3.5 L | 3.3 L | | 3.6 - 5.0 | mmo1/L |
| hloride | | | 102 | 102 | | 100 - 109 | mmo1/L |
| Irna | | | 5.3 | 6.0 | | 3.0 - 8.8 | mmo1/L |
| reatining | ************ | | 87 | 109 | | 67 - 109 | umo1/L |
| stimated GFR | | | 83 L | 63 L | | >90 | unit |
| Glucose | *************************************** | E 9 | | | | See Delow | mmo1/L |
| | | | ******** | 71 | | | |
| otal Protein | | | | | | | g/L |
| lbumin | | | | 43 | | 39 - 50 | g/L |
| lobulin | | | | 28 | | 24 - 37 | g/L |
| otal Bili | | | | 16 | | 4 - 23 | uno1/L |
| LP. | | | | 63 | | 42 - 110 | U/L |
| ŁT | | | | 26 | | 8 - 58 | U/L |
| ST | | | | 30 | | 15 - 38 | U/L |
| Χ | ************* | | | 220 | ************* | 65 - 355 | U/L |
| roponin T | | | | | 19 | See Below | ng/L |
| Ir Creatinine | 22721 | | | | | | uno1/L |
| r Protein | 0.16 | | ************ | | | *************************************** | g/L |
| r Prot/Ur Crea | 7 | | | | | < 10 | mg/mmol Cr |
| ir Prot/Ur Crea | 0.06 | | | | | < 0.09 | mg/mg Cr |

GENERAL BIOCHEMISTRY

Progress

- CTSU take over
- emergency Bentall Operation
- post-op fever, controlled with antibiotics
- post echo.: no significant AR, trace pericardial effusion
- discharged D15 after admission

Conclusions

- Pre-hospital ECG could facilitate diagnosis of ACS
- AMI pathway could standardize the procedure and shorten management time
- Aortic dissection is still a diagnostic challenge in AED