







HOAA

## Case 1

PC :

48 yr old male

Being managed as

hypertensive emergency

?acute coronary syndrome

r/o: pulmonary embolism

tab exforge hct 10/160/12.5mg stat

tab aspirin 300mg stat, 75mg daily

tab atorvastatin 40mg nocte

iv pmo 1g stat

sc clexane 40mg bd x 24hrs

## Background

Pt is a known hypertensive client presented with sudden onset left sided chest pain, of severity (10/10), non radiating, sharp and piercing in nature.

client had not taken his medications today

bps were not recordable on arrival

ODQ :

fever-, chills-, headache-, dyspnoea-, orthopnoea-, calf pains-, limb weakness-, chest pain-

looks generally stable, in no obvious pain or resp distress, febrile, anicteric, not pale, acyanosed, hydration satisfactory

hs s1 s2 m0

lz clinically clear

ns grossly intact, no focal neurologic deficit

BP(this morning-141/93),p-79bpm

Labs

ECG: abnormal t wave

BUE: unremarkable

