

CODE: *12* C12
 Question: Cardiac Type: Emerg Author: Dr. M. Cassidy

Opening Scenario:

40 yo male, acute RLQ pain for appendectomy. 8 weeks previous had acute anterior MI

Path of question:

First: Surgeon willing to wait 2 - 3 days of antibiotic therapy

Second: Develops signs of perforation within 2 hrs.

History - Anaesthetic: GA remote, no problems

Medical: Peak CK 400 U/l, no post MI angina, stress test negative to 12 min - BP 170/85, HR 120

Medications: ASA 325 mg od, Metoprolol 50mg BID

Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:

Physical: HR-BP-RR: 52-110/70 Weight: 75kg Airway: easy

Respiratory/CVS: clear, NAD

Other: N/A

Lab: Hgb/plt/0₂ sat: 145/215,000/95% on RA Na/K/Cl/Glu: N/A

Other

X-ray: EKG - non-specific anterior wall changes

Consults: Cardiologist will follow in CCU post op, no further suggestions

2nd surgeon confirms antibiotic treatment, followed by appendectomy

Major decision points (major decision points or options which must be recognized by the candidate)

1) Wait or go - will the patient still have a full stomach in a few days?

2) GA or regional

3) Monitoring

Any followup information required to lead to the end of the question

Follow-up info: Intra-op develops ST depression of 2mm V3, HR 65 BP 120/70

Critical features to be included i.e. the *must* have to pass the question or to be considered *completely unacceptable*

Major critical features: Identifies some degree of cardiac risk, full stomach, semi-urgent

Critical pre-op: Preparation with vasopressors/vasodilators

Monitors: EKG with trending, art line. Rest discretionary (PAFC, CVP, echo)

Induction: Reasonable doses of drugs, probably Esmolol if RSI

Intra-op: Controls HR, watches trending, nitro or esmolol with ST depression

Post-op: To CCU, 24 hrs EKG

Fail if? Ignores full stomach, not prepared to manipulate HR or BP.

Ref RCEXAMAT FORM June, 95

USED:

Last revision: 95/10