

EMC 451

Exam 4 Study Guide

Define acute coronary syndrome.

Compare and contrast stable and unstable angina, including S&S, treatment, and prognosis.

Compare and contrast Q-wave and non-Q-wave infarction.

Describe the process of thrombus formation.

Compare and contrast vulnerable and stable plaque.

What factors determine whether or not an infarction will develop?

What EKG changes are associated with subendocardial ischemia?

How is ST segment elevation measured?

What EKG changes are associated with myocardial injury?

What EKG changes are associated with myocardial infarction?

How do you distinguish between an acute MI and an "old" MI?

Which cardiac serum enzymes appear first during an MI?

Describe the anatomy of the coronary arteries, including which portions of the heart are supplied by each artery.

Which patients do not experience "typical" S&S of MI?

Describe "reciprocal changes" and discuss their significance.

What conditions mimic the ST segment changes of MI?

Which leads "view" each portion of the heart?

What EKG changes are associated with inferior, posterior, lateral, anterior, septal, and right ventricular MI?

When is the patient at the greatest risk of death during an MI?

Which patients should receive thrombolytics as opposed to PTCA?

What are the indications and contraindications to thrombolytic therapy?

What are the current recommendations regarding prehospital thrombolytics?

What are the glycoprotein IIb/IIIa inhibitor drugs and how do they work?

What is the role of heparin in the management of ACS?

What are some examples of beta adrenergic blockers and why are they administered in the setting of MI?

What is the role of nitroglycerine in the management of ACS?