68 y/o M with PMH of obesity, DM2, and a heavy smoking history presents for acute onset crushing chest pain and shortness of breath. Previous EKG shows a narrow QRS and a normal axis.

HR: 105        BP: 66/52
RR: 20       O2 Sat: 88%

What is your interpretation of the EKG?

What is the appropriate emergency management of this patient’s condition?

How would you address this patient’s hypotension?

Should synchronized cardioversion be attempted?

How would you manage this patient in the event of cardiac arrest?
Triage EKG

Courtesy of Steve Smith of Dr. Smith’s ECG Blog