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當患者出現胸痛、呼吸困難、出汗、噁心、嘔吐、暈厥、昏厥、意識喪失、四肢冰冷、脈率減慢、血壓下降、呼吸衰竭、心臟驟停等症狀時，應立即進行搶救。搶救措施包括：立即停止活動、休息、吸氧、服用硝酸甘油、阿司匹林、氯吡格雷等藥物，並立即送醫。在送醫途中，應密切觀察患者生命體徵，並做好心肺復甦準備。到院後，應立即進行冠狀動脈造影（urgent angiogram）檢查，以明確診斷。根據冠狀動脈造影結果，可選擇經皮冠狀動脈介入治療（Primary angioplasty/ PTCA）或冠狀動脈搭橋手術（CABG）等治療方案。對於急性冠狀動脈綜合症患者，應儘早進行治療，以減少心臟損傷和死亡率。

對於急性冠狀動脈綜合症患者，應儘早進行治療。治療方案包括：藥物治療、介入治療和手術治療。藥物治療包括：阿司匹林、氯吡格雷、硝酸甘油、β受體阻滯劑、利尿劑等。介入治療包括：經皮冠狀動脈介入治療（PTCA）和冠狀動脈搭橋手術（CABG）。手術治療包括：冠狀動脈搭橋手術（CABG）和冠狀動脈介入治療（PTCA）。治療方案的選擇應根據患者病情、年齡、體格指數等因素綜合考慮。對於急性冠狀動脈綜合症患者，應密切觀察病情變化，並及時調整治療方案。

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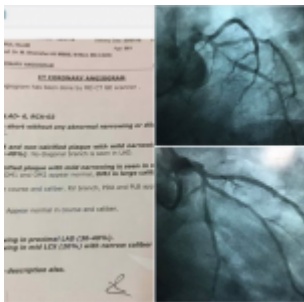
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# Angiogram)

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Angiogram is a medical procedure used to visualize the blood vessels in the body. It involves the injection of a contrast medium (puncture) into the blood stream, which then circulates through the vessels. This allows for the detection of blockages, narrowing, or other abnormalities in the arteries and veins. The procedure is typically performed in a catheterization laboratory and is often used to diagnose and treat conditions such as coronary artery disease, peripheral vascular disease, and aneurysms. The contrast medium is usually a dye that is visible on X-ray imaging, and it is injected through a small incision in the skin. The procedure is generally safe, but there are some risks associated with it, including allergic reactions to the contrast medium and the possibility of bleeding or infection at the injection site.

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Our company is pleased to announce that we have successfully completed the acquisition of the target company. This transaction represents a significant milestone in our growth strategy and will enable us to expand our market presence and enhance our product offerings. The acquisition was completed on [Date] and all regulatory requirements have been satisfied. The target company's operations will continue to be managed by its existing management team, and we expect to realize synergies and cost savings over the coming quarters. We are confident that this acquisition will contribute to our long-term success and create value for our shareholders.

Our company's financial performance has been strong, with revenue growth of [X]% and a net profit margin of [X]%. We have also successfully raised capital through [LAD and LCX] to support our expansion plans. We are committed to maintaining our high standards of transparency and accountability, and we will continue to provide timely and accurate financial reporting to our investors.

Our company's LAD 100% and LCX 80% (eighty) ratios are in compliance with all applicable regulatory requirements. We will continue to monitor these ratios and ensure they remain within the required thresholds.

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patients with acute MI, treatment with aspirin (160 mg) and clopidogrel (300 mg) for 14 days significantly reduced the risk of death or disability compared with aspirin alone (p < 0.001). This benefit was seen in patients treated with aspirin for 2 to 7 days (p < 0.001) and in patients treated with aspirin for 8 to 13 days (p = 0.02).

Patients who were treated with aspirin and clopidogrel had a significantly higher proportion of patients who were free from death, disability or hospitalization due to MI (85.1%) compared with aspirin alone (82.5%) (p = 0.002). The absolute risk reduction was 2.6% (95% CI 0.8 to 4.4%). The absolute risk reduction was 3.2% (95% CI 0.8 to 5.7%) in patients who were treated with aspirin for 2 to 7 days and 1.4% (95% CI -0.3 to 3.1%) in patients who were treated with aspirin for 8 to 13 days.

Patients who were treated with aspirin and clopidogrel had a significantly higher proportion of patients who were free from death, disability or hospitalization due to stroke (92.5%) compared with aspirin alone (90.8%) (p = 0.002). The absolute risk reduction was 1.7% (95% CI 0.3 to 3.0%). The absolute risk reduction was 2.3% (95% CI 0.2 to 4.4%) in patients who were treated with aspirin for 2 to 7 days and 0.4% (95% CI -0.6 to 0.8%) in patients who were treated with aspirin for 8 to 13 days.

## Conclusion

Patients with acute MI who were treated with aspirin and clopidogrel for 14 days had a significantly higher proportion of patients who were free from death, disability or hospitalization due to MI, stroke or death, disability or hospitalization due to MI (85.1%) compared with aspirin alone (82.5%) (p = 0.002). This benefit was seen in patients treated with aspirin for 2 to 7 days (p < 0.001) and in patients treated with aspirin for 8 to 13 days (p = 0.02). The absolute risk reduction was 2.6% (95% CI 0.8 to 4.4%) in patients who were treated with aspirin for 2 to 7 days and 1.4% (95% CI -0.3 to 3.1%) in patients who were treated with aspirin for 8 to 13 days.

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## Conclusion

Staphylococcus aureus is a common bacterium that causes a wide range of infections. It is often found on the skin and in the nose, and can enter the body through wounds or cuts. The bacterium is highly resistant to antibiotics and can form a protective biofilm. This makes it difficult to treat and can lead to persistent infections. Staphylococcus aureus is also a common cause of hospital-acquired infections, particularly in the respiratory tract and bloodstream. It is important to practice good hygiene and to seek medical attention if you suspect an infection.

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பெரிய அளவு:

இந்த மருந்து மிகவும் பயனுள்ளதாக இருக்கிறது. அது மிகவும் விரைவில் பலனை தரும்.

இந்த மருந்தை எப்போதும் சரியாக எடுத்துக் கொள்ளுங்கள். அது உங்களுக்கு உதவியாக இருக்கும்.

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இந்த அளவுக்கு அதிகமான அமிலம் உற்பத்தியாகிறது. இதுபோன்ற சூழ்நிலைகளில், இரத்தத்தில் அமிலத்தின் அளவு அதிகமாகிறது. இதை 'அமிலத்தன்மை' என்று அழைக்கிறார்கள். இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது.

### இதயத்தின் அமிலத்தன்மை:

இதயம் உடலின் மிகவும் முக்கியமான அங்கமாகும். இது உடலுக்கு இரத்தத்தை வழங்கும் பணியை செய்கிறது. இதயம் செயல்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது.

### இதயத்தின் அமிலத்தன்மை:

இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது. உடலின் பல்வேறு அங்கங்களில், குறிப்பாக இதயத்தில், இதுபோன்ற சூழ்நிலைகள் ஏற்படும்போது, இது உடலுக்கு மிகவும் கேடுகளை விளைவிக்கிறது.

Cardiac arrest is a medical emergency. It is a sudden loss of heart function, which can lead to death if not treated immediately. The heart is the pump that circulates blood throughout the body. When it stops, the brain and other organs are deprived of oxygen and nutrients. This can cause permanent damage or death within minutes.

### What are the signs and symptoms of cardiac arrest?

Cardiac arrest can occur without warning. The most common signs and symptoms are: sudden loss of consciousness, no response to shouting or shaking, no normal breathing (only gasping or no breathing at all), and no pulse. If you witness someone who has collapsed and is not breathing or has no pulse, call 911 immediately. Time is critical. Every minute counts. Cardiac arrest is often caused by a heart attack, but it can also be caused by other conditions such as arrhythmias (irregular heart rhythms), coronary artery disease, and high cholesterol. Cardiac arrest is a leading cause of sudden cardiac death (SCD). SCD is the unexpected death of a person with no apparent heart disease. It can occur in people of all ages, but it is most common in young athletes. The risk of SCD is higher in people with a family history of SCD, a history of heart disease, or a history of arrhythmias. If you have any of these risk factors, talk to your doctor about your risk of SCD. There are several ways to reduce your risk of SCD, including: staying active, eating a healthy diet, and avoiding tobacco and alcohol. If you experience any of the signs and symptoms of cardiac arrest, call 911 immediately. Time is critical. Every minute counts.

### How can I prevent cardiac arrest?

Cardiac arrest can be prevented by taking steps to reduce your risk. This includes: staying active, eating a healthy diet, avoiding tobacco and alcohol, and getting regular checkups. If you have a heart condition, take your medications as prescribed. If you have a family history of cardiac arrest, talk to your doctor about your risk. There are also several ways to increase your chances of survival if you experience cardiac arrest. These include: having a defibrillator (AED) nearby, knowing how to use an AED, and having someone trained in CPR. CPR can help keep the blood flowing to the brain and other organs until a defibrillator is available. If you witness someone who has collapsed and is not breathing or has no pulse, call 911 immediately. Time is critical. Every minute counts. Cardiac arrest is a leading cause of sudden cardiac death (SCD). SCD is the unexpected death of a person with no apparent heart disease. It can occur in people of all ages, but it is most common in young athletes. The risk of SCD is higher in people with a family history of SCD, a history of heart disease, or a history of arrhythmias. If you have any of these risk factors, talk to your doctor about your risk of SCD. There are several ways to reduce your risk of SCD, including: staying active, eating a healthy diet, and avoiding tobacco and alcohol. If you experience any of the signs and symptoms of cardiac arrest, call 911 immediately. Time is critical. Every minute counts.

### What should I do if I witness someone having a cardiac arrest?

If you witness someone who has collapsed and is not breathing or has no pulse, call 911 immediately. Time is critical. Every minute counts. If you are alone, call 911 first, then perform CPR. If someone else is present, have them call 911 while you perform CPR. CPR can help keep the blood flowing to the brain and other organs until a defibrillator is available. If you witness someone who has collapsed and is not breathing or has no pulse, call 911 immediately. Time is critical. Every minute counts. Cardiac arrest is a leading cause of sudden cardiac death (SCD). SCD is the unexpected death of a person with no apparent heart disease. It can occur in people of all ages, but it is most common in young athletes. The risk of SCD is higher in people with a family history of SCD, a history of heart disease, or a history of arrhythmias. If you have any of these risk factors, talk to your doctor about your risk of SCD. There are several ways to reduce your risk of SCD, including: staying active, eating a healthy diet, and avoiding tobacco and alcohol. If you experience any of the signs and symptoms of cardiac arrest, call 911 immediately. Time is critical. Every minute counts.

通常情況下，患者服用阿司匹靈後，症狀會逐漸緩解。如果患者症狀沒有改善，或者症狀加重，醫生可能會建議患者服用其他藥物，如氯吡格雷、替格瑞格、阿托伐他汀、阿司匹靈、Pantolix 等。這些藥物可以幫助患者緩解症狀，並預防病情的進一步發展。

## 如何服用阿司匹靈？請參閱說明書：

阿司匹靈 (Disprin) 的服用方法如下：成人每次服用 1 片，每日 3 次，開水送服。

對於兒童患者，阿司匹靈的服用方法如下：每次服用 50 毫克，每日 3 次，開水送服。Lopirel 也是兒童患者常用的藥物。

阿托伐他汀 (Atova) 的服用方法如下：成人每次服用 20 毫克，每日 1 次，晚餐後服用。

阿司匹靈 (Pantolix) 的服用方法如下：成人每次服用 2 片，每日 3 次，開水送服。

## 服用阿司匹靈時，患者應注意哪些事項？

服用阿司匹靈時，患者應注意以下事項：(1) 避免與酒精同時服用。(2) 避免與抗凝藥同時服用。(3) 避免與阿司匹靈同時服用。

此外，患者還應注意以下事項：(1) 避免與阿司匹靈同時服用。(2) 避免與阿司匹靈同時服用。(3) 避免與阿司匹靈同時服用。(4) 避免與阿司匹靈同時服用。(5) 避免與阿司匹靈同時服用。(6) 避免與阿司匹靈同時服用。(7) 避免與阿司匹靈同時服用。(8) 避免與阿司匹靈同時服用。(9) 避免與阿司匹靈同時服用。(10) 避免與阿司匹靈同時服用。

對於 STEMI 患者，醫生可能會建議患者服用阿司匹靈、替格瑞格、阿托伐他汀、阿司匹靈、Pantolix 等藥物。這些藥物可以幫助患者緩解症狀，並預防病情的進一步發展。此外，患者還應注意以下事項：(1) 避免與酒精同時服用。(2) 避免與阿司匹靈同時服用。

streptokinase 是一種常用的溶栓藥物，其服用方法如下：成人每次服用 1 克，每日 3 次，開水送服。

此外，患者還應注意以下事項：(1) 避免與酒精同時服用。(2) 避免與阿司匹靈同時服用。

阿司匹靈的服用方法如下：成人每次服用 1 片，每日 3 次，開水送服。

阿托伐他汀的服用方法如下：成人每次服用 20 毫克，每日 1 次，晚餐後服用。





β-blocker, ACEI/ARB, 肺動脈高血圧 治療 薬 (LVEF) 低下 患者 適用 薬

適用 薬 一覧:

β-blocker, ACEI/ARB, 肺動脈高血圧 治療 薬 (LVEF) 低下 患者 適用 薬

β-blocker, ACEI/ARB, 肺動脈高血圧 治療 薬

β-blocker, ACEI/ARB, 肺動脈高血圧 治療 薬

β-blocker, ACEI/ARB, 肺動脈高血圧 治療 薬

β-blocker, ACEI/ARB, 肺動脈高血圧 治療 薬 (LVEF 30% 以下 患者) 適用 薬

β-blocker, ACEI/ARB, 肺動脈高血圧 治療 薬

በዚህ ሰነድ ላይ የተጠቀሱት ስምዎች ለሌሎች ስምዎች ሊሆኑ ይችላሉ። ስምዎች ለሌሎች ስምዎች ሊሆኑ ይችላሉ።

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በዚህ ሰነድ ላይ የተጠቀሱት ስምዎች ለሌሎች ስምዎች ሊሆኑ ይችላሉ። ስምዎች ለሌሎች ስምዎች ሊሆኑ ይችላሉ።













Coronary artery disease (CAD) is a condition where the arteries that supply blood to the heart become narrowed or blocked. This can lead to a heart attack (myocardial infarction) or other complications. CAD is caused by a buildup of plaque in the arteries, a process known as atherosclerosis. Plaque is made up of cholesterol, fat, and other substances. Over time, plaque can harden and narrow the arteries, making it difficult for blood to flow through them. Symptoms of CAD can include chest pain (angina), shortness of breath, and fatigue. Treatment for CAD may include lifestyle changes, medications, and surgery. One type of surgery is percutaneous coronary intervention (PCI), which involves using a catheter to insert a stent to open up a blocked artery. Another type of surgery is coronary artery bypass grafting (CABG), which involves bypassing the blocked artery with a graft from another part of the body.

What are the symptoms of CAD? Symptoms of CAD can include chest pain (angina), shortness of breath, and fatigue.

How is CAD diagnosed? CAD is diagnosed using a variety of tests, including stress tests, echocardiograms, and coronary angiograms.

What are the treatment options for CAD? Treatment options for CAD include lifestyle changes, medications, and surgery. Lifestyle changes include quitting smoking, eating a healthy diet, and exercising regularly. Medications include statins, beta-blockers, and aspirin. Surgery includes PCI and CABG.

What is a STEMI ECG? A STEMI ECG is a type of electrocardiogram (ECG) that indicates a heart attack. It is characterized by a specific pattern of ST-segment elevation and Q-wave formation.

What is the importance of early treatment for CAD? Early treatment for CAD is crucial to prevent complications and improve outcomes. Prompt treatment can help to reduce the size of the heart attack and prevent further damage to the heart muscle.



lipoproteins are the primary carriers of cholesterol in the blood. They are composed of lipids and proteins. The main types are low-density lipoprotein (LDL), high-density lipoprotein (HDL), and very low-density lipoprotein (VLDL). LDL is often referred to as "bad" cholesterol because it can build up in the arteries, leading to atherosclerosis. HDL is often referred to as "good" cholesterol because it helps remove LDL from the arteries. VLDL is a precursor to LDL. Other lipoproteins include intermediate-density lipoprotein (IDL) and lipoprotein(a) (Lp(a)).

### What are the normal ranges for cholesterol and lipoproteins?

The normal ranges for cholesterol and lipoproteins are as follows:

- Total cholesterol: 125-200 mg/dL
- LDL cholesterol: 100-160 mg/dL
- HDL cholesterol: 40-60 mg/dL
- Triglycerides: 10-150 mg/dL

These ranges are for adults. For children, the ranges are different. The National Cholesterol Education Program (NCEP) defines the following categories for adults:

- Total cholesterol: 200 mg/dL or higher is considered high.
- LDL cholesterol: 160 mg/dL or higher is considered high.
- HDL cholesterol: 40 mg/dL or lower is considered low.
- Triglycerides: 150 mg/dL or higher is considered high.

LDL cholesterol is the most important factor in determining the risk of heart disease. High levels of LDL cholesterol can lead to atherosclerosis, which is the buildup of plaque in the arteries. This can narrow the arteries and reduce blood flow to the heart and other parts of the body. High levels of LDL cholesterol are also associated with an increased risk of heart attack and stroke.

### How can I lower my cholesterol and lipoprotein levels?

There are several ways to lower your cholesterol and lipoprotein levels:



