7 PERICARDIOCENTESIS

Pericardiocentesis is a potentially life saving intervention. It can be performed as part of a cardiac arrest situation; otherwise it is to be performed only by or under the direct supervision of the consultant cardiologist responsible for the patient. It is an invasive technique that may allow restoration of adequate cardiac output by relieving pericardial tamponade. This procedure should not be carried out as an outpatient procedure (unless at the Consultant’s discretion).

7.1 Indications

- Emergency relief of pericardial tamponade with severe haemodynamic compromise
- Cardiac arrest

7.2 Patient Preparation

- It is imperative that blood tests for clotting, full blood count and platelets are known and if required correction of any abnormalities may be needed.
- During working hours the patient will be booked onto an operating list.
- Out-of-hours patients will be transferred to the Catheter Laboratory.
- In the event of a cardiac arrest or pre-arrest where there is no time to safely transfer the patient to the Catheter Laboratory then the procedure should be undertaken immediately at the bedside.

7.3 Patient Information

For an elective procedure written consent must be obtained.
In an emergency situation verbal consent is adequate.

7.4 Post-Procedure Care

Following successful insertion of a pericardial drain, the patient must be transferred to the CCU for ongoing care and observations including monitoring for any signs of complications.

7.5 Potential Complications

- Cardiac arrhythmias;
  - Ventricular fibrillation
  - Asystole
- Cardiac trauma
  - Laceration of coronary artery
  - Laceration of cardiac chambers
- Pneumothorax
- Haemothorax

7.6 Procedure

- place patient in the supine position or torso elevated at 30-45 degrees using a wedge
- prepare site with betadine and follow strict aseptic surgical technique
- administer local anesthetic and then select 4” 16G needle (pre-supplied in Cook pack) with syringe attached
- Insert the needle between the xiphoid process and the left costal margin at a 30-45 degree angle to the skin
- advance the needle towards the left shoulder aspirating constantly. A distinct ‘give’ or ‘pop’ may be felt as the needle enters the pericardium. Contact with the