

PROTOCOL FOR: Pericardial Catheter: Care of the Patient with

PURPOSE: To outline the nursing management of the patient with an indwelling pericardial catheter.

SUPPORTIVE DATA: Patient's with a pericardial catheter require careful monitoring of the response to drainage and/or sclerosing, as well as any side effects from the therapy. This treatment is initiated by a physician and requires the associated nursing care to ensure effective results and prevent complications.

DESIRED PATIENT

OUTCOMES: 1. Patient will experience relief of pericardial effusion.
2. Patient will experience minimal to no side effects from this procedure.

ASSOCIATED

STANDARDS: ICU/Med Surg Unit Practice Manuals:
Procedure For: Pericardiocentesis, Assisting with:
Pericardial Effusion, Assisting with Pigtail
Insertion/Sclerosing.

ASSESSMENT: 1. Obtain vital signs and blood pressure (with pulsus paradoxus) per unit protocol, or as per MD order.
2. Assess q 4 hrs. for evidence of cardiac tamponade: hypotension, elevated CVP, distended neck veins, distant heart sounds, pulsus paradoxus, dyspnea, cyanosis, shock.
3. While patient is on a monitor, observe for presence of marked ST elevation or arrhythmia - this may indicate contact with the epicardium or poor grounding.
4. Assess insertion site for evidence of skin breakdown or infection.
5. Assess drainage amount q 4 hours.

GENERAL NURSING

CARE: 1. Monitor pericardial drainage. Aseptically empty Hemovac every shift or PRN.
2. Patient will initially be on bedrest post-procedure. In selected cases bed to chair or commode at MD's discretion.
3. Change dressing q 48 hours, using sterile technique, central line dressing.

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REPORTABLE

- CONDITIONS:
1. Notify MD for pulsus paradoxus > 15mmHg.
 2. Notify MD of any signs/symptoms of cardiac tamponade noted.
 3. Notify MD if pericardial drainage is noted to decrease very suddenly, which may indicate a clotted catheter.

- DOCUMENTATION:
1. Document assessment findings and interventions on the unit flowsheet, MAR, and Infusion Record.
 2. Document patient response to care in patient progress notes per Unit/Department Documentation Standards.

APPROVAL: ICU Standards Committee
Medical-Surgical Standards Committee
Nursing Standards Committee

CREDENTIALS: RN, ACNP

EFFECTIVE DATE: 2/87

REVISION DATE: 2/90, 1/92, 1/93, 1/95, 10/03