

PROTOCOL FOR: Cardiac Tamponade: Care of the Patient

SUPPORTIVE DATA: Cardiac Tamponade is an impairment of circulation with the heart is compressed by pericardial fluid under pressure.

DESIRED

PATIENT OUTCOMES: Patients are assessed for signs and symptoms of oncologic emergencies.

Interventions are implemented promptly before a true emergent situation develops.

CLINICAL
ASSESSMENT

AND CARE:

1. Assess Risk Factors:

PATIENTS AT RISK:

- a. Diagnosis of cancer of the lung (most common), breast, lymphomas, leukemia's, melanomas, primary tumor of the heart, and GI cancers
- b. History of radiation to the mediastinum (>4000 RADS)
- c. Central venous catheters
- d. Trauma to the chest

2. SIGNS AND SYMPTOMS:

- a. Neurologic - change in LOC, anxiety, apprehension
- b. Cardiovascular - chest pain, "muffled" heart sounds, cardiac friction rub, changes in venous pressure (JVD, or increased CVP), narrowed pulse pressure, pulsus paradoxus, tachycardia, EKG changes (elevated ST segment, sinus tachycardia), Echocardiogram = two Echoes are seen instead of one.
- c. Respiratory - dyspnea or tachypnea, cough, hoarseness, rales, chest x-ray = normal or enlarged silhouette.
- d. Skin - cyanosis, diaphoretic, temperature cool, decreased turgor, edema
- e. GI and GU - decreased urine output, nausea/vomiting possible.

3. MANAGEMENT:

- a. Treat underlying condition
 - Chemotherapy to induce fibrosis
 - Radiation therapy = treatment of choice if not cause. 200-3000 cGy
- b. Pericardiocentesis - emergency treatment. Removal of 50-100mL of fluid for immediate relief.
- c. Monitor vital signs and EKG
- d. Administer IV support - blood, vasopressors, diuretics, steroids, fluids
- e. Administer pain medications and encourage bed rest

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- f. Administer O2 and increased HOB to 60 degrees
- g. Monitor cardiovascular status, tissue perfusion, respiratory and neurological status
- h. Pericardial window - surgical opening to drain fluid to pleural space
- i. Total pericardiectomy - indicated if cause is radiation constrictive pericarditis

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/01

REVISION DATE: 3/02