THE STUDY VAULT

Clinical Chaos

Pericardiocentesis

SKILL SNAPSHOT

Purpose
- Removes pericardial fluid to relieve cardiac tamponade and/or obtain diagnostic samples.

When to use
- Hemodynamically significant pericardial effusion/tamponade or diagnostic indication by qualified provider.

Supplies needed
- Ultrasound; sterile kit/needle-wire-catheter; ECG/hemodynamic monitor; resuscitation equipment; local anesthetic; specimen containers.

PREP + PATIENT SETUP
- Activate cardiology/critical-care team and assess ABCs, tamponade signs, anticoagulation, labs, and imaging.
- Obtain consent when possible; position per ultrasound-selected approach.

VAULT TIP
- The nurse's priorities are readiness, continuous monitoring, accurate fluid/specimen handling, and rapid recognition of complications.

STEP-BY-STEP
1. Hand hygiene/PPE; identify patient; perform baseline vitals, heart/lung sounds, pulses, JVD, mentation, and pain assessment.
2. Assist with ultrasound to identify effusion, safest entry site, depth, and needle trajectory. Ultrasound guidance is preferred.
3. Prepare wide sterile field and assist with local anesthesia/sedation while maintaining hemodynamics.
4. Connect monitoring and observe continuously for arrhythmia, hypotension, chest pain, dyspnea, or deterioration.
5. Assist provider with needle advancement under imaging and aspiration of pericardial fluid.
6. When fluid is obtained, collect ordered specimens and label at bedside.
7. Assist guidewire/dilator/pigtail catheter placement when continuous drainage is required; maintain sterility.
8. Record amount, color, and character removed; avoid rapid/excessive drainage beyond provider plan.
9. Secure drain and connect to ordered closed system; label clearly and maintain below insertion site if device requires.
10. Reassess BP, HR/rhythm, SpO2, heart sounds, JVD, pulses, mentation, dyspnea, and pain for improvement.
11. Monitor for myocardial/coronary injury, arrhythmia, pneumothorax, liver injury, bleeding, infection, and reaccumulation.
12. Obtain post-procedure ECG/echo/chest imaging and drain care per order.

SAFETY REMINDERS
- Tamponade with shock is an emergency.
- Ultrasound guidance reduces complications.
- Have full resuscitation capability ready.
- New arrhythmia or blood aspiration may signal cardiac contact/injury.

COMMON MISTAKES
- Delaying in unstable tamponade.
- Poor sterile monitoring setup.
- Unlabeled specimens.
- No post-drain hemodynamic reassessment.

DOCUMENTATION
- Indication and pre/post assessment.
- Approach/imaging and provider.
- Fluid amount/appearance/specimens.
- Drain type/site/output.
- Complications and patient response.