http://ccm.anest.ufl.edu/education/ultrasound

University of Florida Critical Care Medicine Ultrasound Curriculum

Self Learning Pericardiocentesis

Major Mayo clinic article that showed most fluid can be drained best at the apical level without going through liver and higher chance of obtaining fluid

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This is important to find since you can better clarify if the fluid is pericardial fluid (anterior to descending aorta), or left pleural fluid (posterior to descending aorta)

Fat pad can confuse one to think it is pericardial. It usually moves with each heartbeat, seen anteriorly, and more of a granular appearance than pericardial fluid

If you are doing point of care bedside ultrasound in the ICU, most likely the patient is hypotensive and if you see pericardial fluid the next stuff has to be to check if you have tamponade physiology

1. What is the preferred location for draining pericardial fluid?

A. No preferred, wherever the fluid is closest to the skin and largest amount as to avoid injury to vital organs
B. Always must be done subxiphoid/subcostal
C. Always must be done at the apical view
D. Must be done with ECG monitoring electrodes on tapping needle

2. What structure can you use to differentiate between a pericardial effusion and a left pleural effusion?

A. Pericardium
B. Pleural line
C. Descending aorta
D. Lung line

3. T or F: Evaluation of the pericardium is part of the FAST evaluation

A. True
B. False

4. To differentiate between pericardial effusion and epicardial fat pad, you can use the following except:

A. Fat pad moves with the epicardium each heartbeat
B. Pericardial effusion is usually more hypoechoic or anechoic
C. Fat pad is seen mostly posteriorly
D. Fat pad is usually a granular appearance

5. When a pericardial effusion is present, what is the next most important step for the ICU physician?

A. Obtain equipment to perform pericardiocentesis
B. Obtain views to assess LV function
C. Obtain views to assess for tamponade physiology (RV diastolic collapse)
D. Call the on call cardiologist