

PURPOSE:

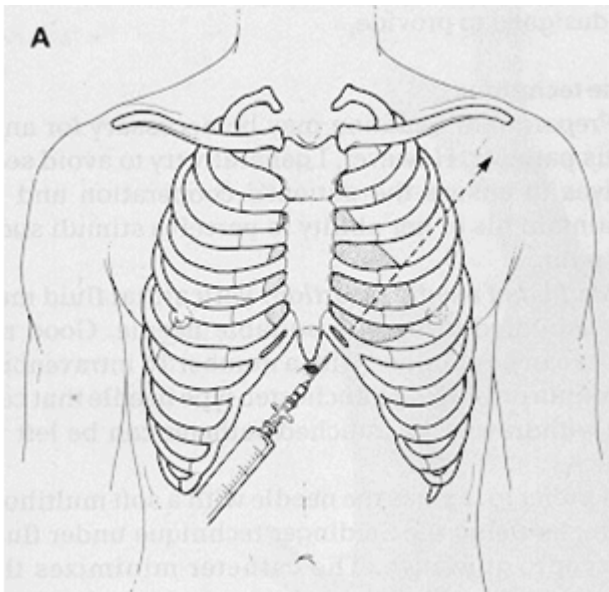
To define the procedure of pericardiocentesis within the Aspirus MedEvac transport environment. Procedure not limited to traumatic arrest. Provider should contact medical control as necessary.

STAKEHOLDERS:

All Aspirus MedEvac Transport Teams

EQUIPMENT:

60 cc syringe, 3.5 inch intracardiac needle, 3-way stopcock, cardiac monitor.

PROVISIONS (POLICY / CONTENT / PROCEDURAL STEPS):**SCOPE: PARAMEDIC / CRITICAL CARE PARAMEDIC / RN PROVIDER**

1. Prep xiphoid area with betadine or alcohol.
2. Assess patient for mediastinal shift, which may have caused heart to shift significantly.
3. Insert intracardiac needle at angle between xiphoid and left inferior costal margin downward at 30° - 45° angle and advance toward left shoulder.
4. Aspirate continuously as needle is advanced.
5. Advance the needle in a linear direction only, no side to side movement
6. Stop advancement of needle when fluid or blood appears in syringe. If needle is advanced too far into ventricular muscle an injury pattern (e.g., ST-T wave changes, or widened and enlarged QRS-complex) will appear on ECG monitor. PVC's may occur secondary to irritation of ventricular myocardium.
7. Withdraw fluid/blood.
 - I. In general, blood withdrawn from pericardial space has a prolonged clotting time due to the presence of local fibrinolytic activity
 - II. Clotting blood may indicate a ventricle puncture or brisk bleeding from ventricle injury
8. Withdraw needle along same path of insertion.
9. Save sample of aspirate.