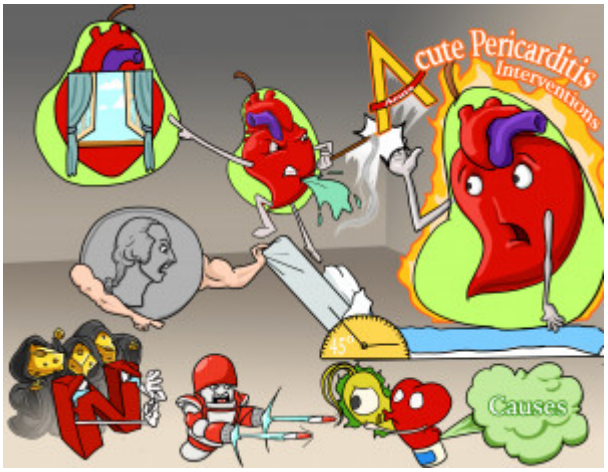
Acute Pericarditis Interventions

Acute pericarditis is a condition caused by inflammation of the pericardial sac related to various causes (refer to the Picmonic on "Acute Pericarditis Causes"). Although some patients may be asymptomatic, typical assessment findings include sharp chest pain, pericardial friction rub, and fever (refer to the Picmonic on "Acute Pericardial Assessment"). Interventions include treating the underlying disorder with medications including antibiotics, NSAIDs, and corticosteroids. For pericarditis secondary to myocardial infarction, aspirin should be used instead of other NSAIDs. Place the patient in an upright position and adjust the head of the bed at 45 degrees. Hospital procedures that may be required to manage complications of acute pericarditis include pericardiocentesis to drain effusions, or surgically creating a pericardial window to prevent cardiac tamponade.



PLAY PICMONIC

Interventions

Treat Underlying Disorder
Treating Underlying Causes
The goal of acute pericarditis therapy is to identify and treat the underlying disorder. Medication regimen may include antibiotics, NSAIDs, and corticosteroids. Assessing the patient's pain and ECG readings will help differentiate pericarditis from myocardial ischemia.

Antibiotics
ABX-guy
Antibiotics are used to treat bacterial pericarditis.

Colchicine + NSAIDs
Cult-of-cheese and N-sad
The administration of colchicine and NSAIDs are used to help control the pain and inflammation related to acute pericarditis (refer to the Picmonic on "Ibuprofen (NSAIDs)"). An exception, however, is cases of pericarditis secondary to myocardial infarction, where only aspirin should be used. This is because aspirin is less likely to affect scar formation in the heart than are other NSAIDs. Since NSAIDs may cause gastrointestinal irritation, administer these drugs with food or milk.

Corticosteroids
Quarter-on-steroids
Since corticosteroids have various side effects, they are used selectively in patients with acute pericarditis. Corticosteroids are typically prescribed for patients with underlying rheumatologic or other autoimmune conditions already taking the medication. Corticosteroids may also be administered to relieve inflammation in patients who do not respond to NSAIDs.

Place Patient Upright with Head of Bed at 45°
Head of Bed at 45°
Placing the patient in an upright position with the head of the bed elevated at 45 degrees may help provide pain relief. Bed rest may also help relieve pain in patients with acute pericarditis.

Pericardiocentesis
Puncturing Pear-heart-with-incense
Pericardiocentesis is performed on patients with pericardial effusion, which can occur in pericarditis as inflammation leads to fluid extravasation into the pericardial space. Pericardial effusions can progress to cardiac tamponade or become infected in purulent pericarditis. A pericardiocentesis is a surgical procedure which can relieve cardiac pressure by inserting a needle into the pericardial space to remove fluid. Complications may include dysrhythmias, further cardiac tamponade, pneumothorax, and myocardial laceration.

Pericardial Window
Pear-heart Window
The patient with acute pericarditis may develop excess fluid in the pericardial space, leading to pericardial effusion and potentially cardiac tamponade. In severe cases, a surgical procedure can be performed where a "window" is cut through the pericardium to allow drainage of excess fluid from the pericardium to the peritoneum or chest area.

Sign up for FREE at picmonic.com