Cardiac Infections	
Pericarditis	
Presentation	**Chest pain, often relieved by leaning forward** +/- tachypnea and dyspnea. Exam can have friction rub, weak apical impulse, poor perfusion, hepatomegaly.
Pathophys	• **Infectious** (bacterial, viral (Coxsackie), fungal, parasitic and TB) • **Inflammatory** (ARF, SLE, uremia, radition, drugs), traumatic, oncologic, chronic (constrictive pericarditis)
Workup	**EKG**: Decreased precordial voltages indicate effusion; diffuse ST elevation w/ PR depression is seen in pericarditis. Electrical alternans may be manifest as QRS of alternating amplitude or axis and is seen in pericardial effusion There may be diffusely low voltage (< 5mm in full standard) QRS complexes in the limb leads.
Treatment	Managed **conservatively** w/ rest, observation for evidence of hemodynamic decline and NSAIDs

General Tips for Cardiology Rotation	
Team Structure	• **1 Fellow**: should be first stop for everything. **Trust them!** They are fantastic and want to teach. • **4 Residents**: one will be on outpatient, one post-call (but will round), two there all morning • **Attendings** (usually 4-5 of them) ▪ General cardiology - most patients are usually on this team ▪ Heart Failure/Transplant - You will always round w/ the attending on this team, sometimes there will be a fellow too ▪ BACH - adult congenital. You will round w/ the BACH attending and fellow ▪ Electrophysiology - You should see the fellow every day ▪ Pulmonary hypertension - you will occasionally have patients on this service and will round w/ the attending ▪ Primary attending - cardiology is a team sport, meaning there are multiple physicians on the care team. This is the patient's longitudinal cardiologist who will check in periodically • Of note, there is also an NP team. This team is separate from the MD team during the day, but you will cross-cover them overnight and on weekends/holidays (which means when you are overnight, you will need to signout to the NP team in the morning)
Admissions	You will have a few types of admission. The main ones will be from the CICU, from the ER, and post-Cath ▪ **CICU Admission**: You and your fellow go to 8S (bring a COW) and hear signout directly from the team caring for the patient. ▪ Write transfer note ▪ Transfer accept order ▪ Transfer med rec ▪ **ER Admission**: Just like any other admission, except the cardiology fellow sees them in the ED and there is a consult note ▪ **Post-Cath**: Usually you won't get signout on this patient. The fellow will get some signout from the patient's primary cardiologist. Ask them for more information and do some chart review for more information.
Resources	• **Medical Team Coordinator**: should be your first stop for questions on basically everything non-medical. This includes scheduling a procedure, getting prior authorization for medications, discharge planning, how to put in a specific order, where the food is - really, anything and everything. They are AMAZING ▪ Will also send you a welcome email before the rotation w/ excellent resources. Try to read them! • **Fellow**: Cardiology is a great time to learn and the fellows are excited about the heart and want to teach. Don't be afraid to ask them questions about the physiology and pathophysiology • **Attendings**: similarly excited to teach. Many of them will bring a whiteboard on rounds and draw out the physiology of the patient. Feel free to ask them to do so if you want to learn more!