

# PROTOCOL: PERICARDIOCENTESIS FOLLOW-UP

**Inclusion Criteria** Patient had a recent echo within the current clinical episode and

- The pericardial catheter is in place or is being assessed for removal

*Note: if returning for follow-up **after removal** perform the pericardial disease protocol*

## EIMS Data

**Procedure Components:** 2-D Limited +/- Doppler, Respirometry, M-Mode, TDI

**Billing Diagnosis:** Variable (echo findings, patient symptoms, physical exam, etc.)

**First Impression:** Echocardiogram performed per status post pericardiocentesis protocol.

**Billing:** 2-D Echo-Limited or 2-D Echo-Limited w Dop and/or Color

## Obtain the following:

2D	<b>Respirometry</b> <i>If the pericardial catheter is to be removed</i>
<b>Parasternal</b>	
LAX (one w/ increased depth) SAX (all levels) 10 beat clip(s) for septal shift	<i>Assess septal variation: 2D, M-Mode</i>
<b>Apical</b>	
4ch (10 beat) LAX 2ch *Apex LV & RV	<i>Assess septal variation MV inflow TDI of annulus</i>
<b>Subcostal and RSC</b>	
4ch SAX (all levels) IVC w/ sniff	<i>HV SVC</i>

## Caveats and Tips

- Drain removal: Contact the centesis echo consultant for possible pericardial catheter removal (usually when **drainage is <50 ml net/24 hr** or sooner if clinically indicated)
- Limitations: Windows typically limited post centesis due to bandaging (in these cases assessment is needed from two windows only)
- \*RV apex: Assess for pockets of fluid
- Constriction: Present in up to 25% of post-pericardiocentesis patients. **If returning after pericardial catheter removal (or if requested) perform pericardial disease protocol (including strain)**