Nursing Flashcard – Acute Pericarditis

**background**
1) acute inflammation of the layers of the pericardium with or without fluid accumulation
2) sometimes the clinical pattern may be similar to myocardial infarction
3) normally there is a small amount of fluid (about 50 mL) into the pericardial sac

**etiology**
1) infection (viral, bacterial, fungal)
2) postpericardiectomy
3) neoplastic (lung, breast, gastrointestinal)
4) postradiation therapy
5) post MI (Dressler's syndrome)
6) connective tissue disease (SLE, rheumatoid arthritis, sarcoidosis)
7) metabolic (uremia, myxedema)

**symptoms**
1) chest pain
   i) sharp, stabbing
   ii) improves on sitting / leaning forward
   iii) radiates to left scapula, left trapezius muscle
2) fever
3) dyspnea (if large pericardial effusion)

**diagnostic evaluation**
1) EKG (diffuse ST segment and T waves abnormalities)
2) echocardiogram (thickened pericardium, fluid, but may be normal)
3) lab: CBC, ESR, ANA, serology for TB, HIV
4) blood cultures

**complications**
1) pericardial effusion → pericardial tamponade
2) arrhythmias (atrial fibrillation)
3) recurrency
4) constrictive pericarditis

**treatment**
1) medical therapy:
   i) NSAIDs (aspirin, indomethacin), steroids, colchicine
   ii) appropriate antimicrobials (organism specific IV antibiotics)
2) aggressive therapy
   i) pericardiocectesis (may be necessary to determine the etiology)
   ii) surgical therapy: pericardiectomy (for recurrent and refractory cases)