## (PERICARDITIS) NURSING CARE PLAN

Medical Diagnosis: Pericarditis		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul> <li>Chest Pain that is aggravated by breathing, coughing, swallowing.</li> <li>Pain is worse when supine</li> <li>Symptoms of Heart Failure</li> </ul>	Assess Heart and Lung Sounds	May hear a pericardial friction rub, muffled heart sounds, or extra sounds because of the pressure being placed on the heart.
	Administer IV Antibiotics	If the source is bacterial, IV antibiotics will be required to treat the infection. Be sure to obtain blood cultures before initiating antibiotics. If the source is viral – providers may order anti-inflammatory medication since antibiotics aren't effective. If the virus is known and susceptible, an antiviral medication could be used.
	Perform 3 to 5 lead ECG monitoring and/or 12-lead ECG	Pericarditis could cause arrhythmias or ST-elevation
<ul> <li>Objective Data:</li> <li>Fever</li> <li>↑ WBC</li> <li>Signs of Heart Failure</li> <li>ST-Elevation possible</li> <li>↓ SpO2</li> <li>S/S Cardiac Tamponade</li> <li>Muffled heart sounds</li> <li>Narrow Pulse Pressure</li> <li>Pulsus paradoxus</li> <li>JVD with clear lungs</li> <li>↓ Cardiac Output</li> <li>Friction rub in the left lower sternal border</li> <li>ST elevation in all leads. The presented ECG can also have elevated cardiac enzymes</li> </ul>	Assess and Manage Pain	Patients will have significant chest pain that is worse with breathing or when supine. Perform OLDCARTS pain assessment and administer pain medication as ordered.
	Assess for s/s Cardiac Tamponade	Assess for Beck's Triad – JVD, $\downarrow$ BP, muffled heart sounds.
	Prepare patient for emergent pericardiocentesis	This will allow the heart to beat more freely and should improve cardiac output rapidly.
	Educate patient on s/s infection	Because the patient is at high risk for recurrence and complications, they must notify other providers of their history of pericarditis. They may require prophylactic antibiotics before any invasive procedures and they should avoid dental procedures for at least 6 months after their hospitalization.

