



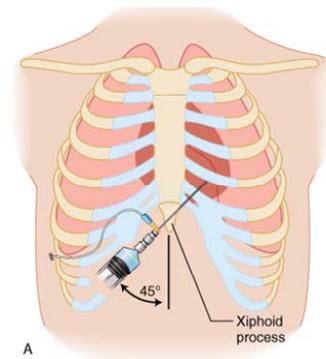
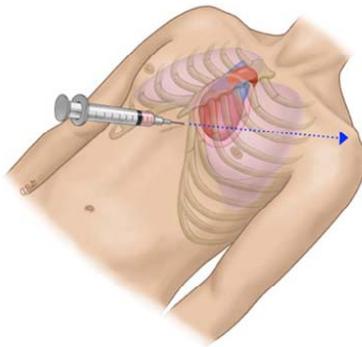
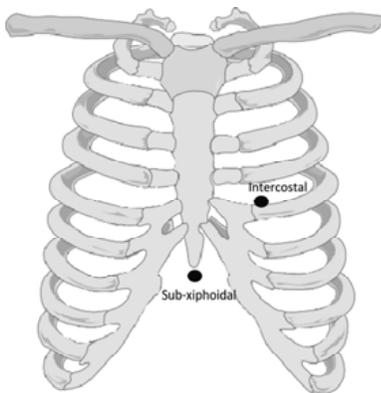
Pericardiocentesis

Paramedic

PROCEDURE

- Locate landmarks for subdiaphragmatic approach: angle between xiphoid and cartilage of the 7th rib to the left of xiphoid
- Cleanse area with alcohol
- Insert large bore needle at least 5" long at landmark at 45 degree angle to thorax in direction of the patient's left shoulder (mid-clavicular target)
- Maintain traction on plunger of syringe as needle is advanced to create a vacuum in barrel of syringe
- Stop advancement of needle when blood/fluid appears in syringe
- Evacuate pericardium until resistance is met or pulses return
 - If multiple syringes of blood are removed, check position as you may have penetrated the right ventricle.
- Withdraw needle at the same angle it was inserted
- Leave catheter in place in case more blood needs to be evacuated, apply 3 way stopcock to luer lock hub**
- Reassess patient for signs of improvement

REFERENCE GRAPHICS



KEY POINTS

- **This procedure should be considered early in penetrating traumatic arrest**
- Ensure cardiac monitoring during procedure, cardiac irritability may present if the myocardium is penetrated
- Myocardial infarction may occur if coronary artery is lacerated by procedure

Medical Director: M. Riccardo Colella, DO, MPH, FACEP

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