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**Inclusion criteria:**

- Postop being seen in outpatient cardiology clinic for first post-op visit (CV Surgery, ACTT, CHAMP)
- Echo and CXR completed during current visit

**Exclusion criteria:**

- Post-transplant
- Interstage single ventricle

**Consider Underlying Causes:**

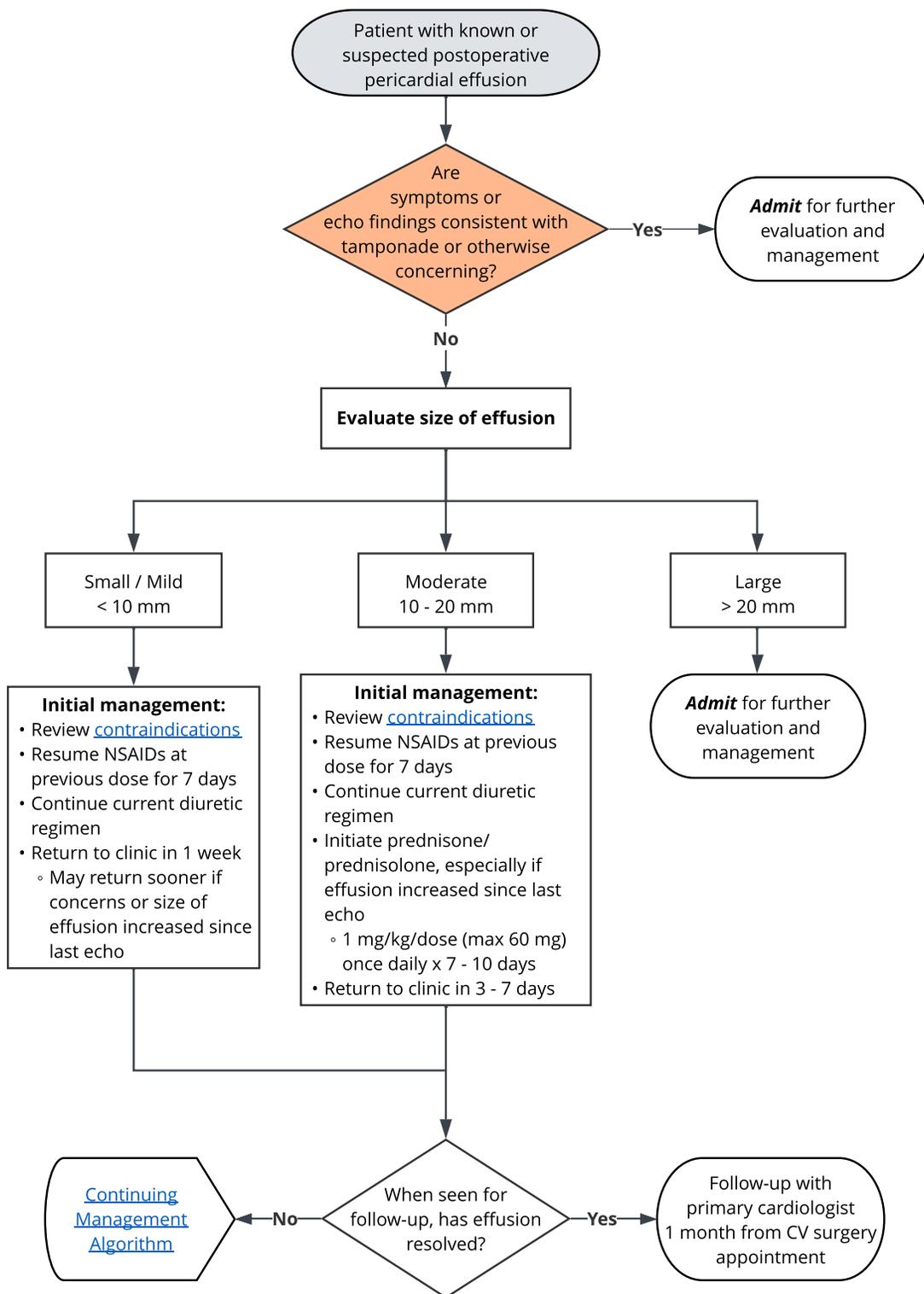
- Inflammation
- Lymphatic disruption
- Surgical bleeding
- Infection

**Clinical Signs/Symptoms of Cardiac Tamponade:**

- Chest pain / discomfort
- Shortness of breath / rapid shallow breathing
- Tachycardia
- Hypotension
- Poor circulation (pale, delayed cap refill, weak pulses)
- Muffled heart sounds
- Jugular venous distention
- Altered mental status

**Echo Criteria for Cardiac Tamponade:**

1. Presence of a pericardial effusion
2. Collapse of the right atrium in diastole
3. Collapse of the right ventricle in diastole
4. Dilated IVC
5. Mitral inflow and tricuspid inflow variation



**Abbreviations:**

ACTT = Advanced Cardiac Therapies and Transplant  
CHAMP = Cardiac High Acuity Management Program



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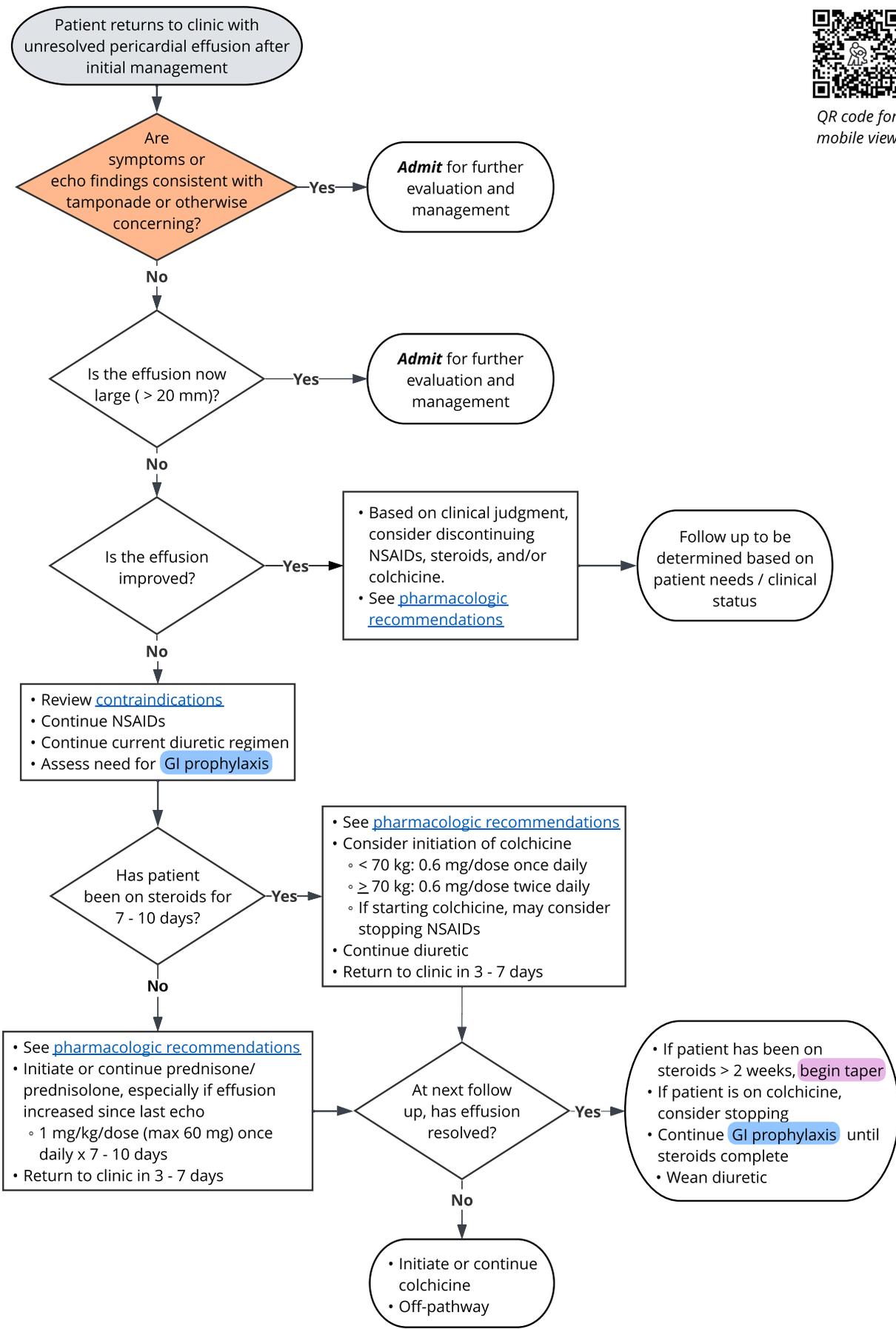
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- If anticipated course of NSAIDs or steroids is > 2 weeks, ensure patient is receiving GI prophylaxis
- Famotidine 1 mg/kg/day (max single dose 40 mg)

- Recommended Steroid Taper Schedule:**
- 75% of original dose x 2 days
  - 50% of original dose x 2 days
  - 25% of original dose x 2 days
- Doses should be rounded to nearest measurable amount
- If duration of therapy has been > 3 weeks, discuss with pharmacy



This clinical pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly. Copyright © The Children's Mercy Hospital 2026. All rights reserved.