**CC:** Shortness of breath for the past 6 hours

**Subjective:**

A 51 years old female with PMHx of HTN, DM, Asthma, ESRD s/p renal transplant (2015) presented to the ER complaining of dyspnea for the past 6 hours. EKG showed electrical alternans and found to have large pericardial effusion on CT chest and features of tamponade on ECHO. Patient is POD 1 s/p pericardial window creation. No acute events overnight. Patient remains febrile: Tmax: 102.6 with antibiotic coverage with Ceftriaxone IV and Azithromycin PO. Patient reports chest wall, incisional tenderness and congestion but states that breathing has improved. Patient remains NPO and on supplemental O2 via face mask 8 L/M. Today JP drain output of 250 ml/day and straw-colored serosanguinous.

 **Medications**: Patient on tacrolimus for immunosuppressant

**Allergies**: Shellfish

**SHx**: denies EtOH, no smoking, no recreational drug use

**Objective:**

**Vitals:**

BP: 138/78

Pulse: 93

Resp: 23

SpO2: 93%

Temp: 102.6°F

Weight: 240 Lb

Height: 60 inches

BMI: 45.39 kg/m²

**General:** Pt appears A&O x3, appears stated age, cooperative and mild distress

**Heart:** regular rate and rhythm (RRR); S1 and S2 are normal

**Lungs**:on supplemental oxygen with SaO2: 93% and tachypneic but clear to auscultation and no evidence of adventitious sounds

**Abdomen**: Bowel sound is present in all four quadrants. soft, non-tender, non-distended, no palpable masses, lumps, organomegaly.

**Surgical wound:** clean, dry and intact. JP drain in situ with straw-colored fluid

**Extremities:** no pedal edema

**Cultures**

Blood: no growth

Urine: no growth

**Assessment**

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Today is POD# 1;

* Increased drain output but serosanguinous
* Fever, elevated WBC with left shift
* Acute respiratory distress

**Plan**:

1. Drain maintenance and once output <30 ml/d for 2 consecutive days remove it
2. Adequate analgesia
3. Incentive spirometer
4. Chest PT and encourage voluntary coughing and deep breathing exercises
5. Follow up on fluid analysis and culture
6. Management as per medicine and cardiology service
7. Surgery team will continue to follow