



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

Order Set
UHN-Wide

PARACENTESIS ORDER SET

Do not print

Approved for Use: UHN Wide: **OUTPATIENT ONLY**

Addressograph

Allergies: ☐ No Known Allergies ☐ Known Allergies (Specify) _____

Please check all appropriate boxes (☐) and complete orders as required

Strikeout ☒ items and initial to exclude

1. ON ADMISSION

- ☒ Admit to Unit: _____ Physician: _____ (PAGER # _____)
☐ Weight _____ kg

2. MONITORING:

- ☒ Vital Signs (temperature, blood pressure, heart rate, respiratory rate and oxygen saturation) at baseline, then PRN and then at discharge
☒ **If albumin administered post procedure:** Vital Signs at the initiation of treatment, **then 15 min after initiation**, and at the completion of albumin infusion after finishing the last vial.
☒ If on any **anticoagulants**, look for signs and symptoms of bleeding post procedure.
☒ Notify physician if:
a) Blood pressure and heart rate differ by 20% from baseline and oxygen saturation less than 92%
b) Any signs and symptoms of transfusion reaction

3. IV THERAPY:

- ☒ If albumin is required, start peripheral IV.

4. TREATMENTS:

- ☐ Drain _____ L of ascitic fluid OR ☐ Drain ascitic fluid until cessation of flow
☒ Once required amount of ascitic fluid has been drained, remove cannula from insertion site, and apply pressure to site for at least 1 minute
☒ Apply topical skin adhesive to site and position patient affected side up for 5 minutes
☒ If topical skin adhesive is not available, apply steri strips
☐ Administer oxygen via nasal prongs or mask to maintain oxygen saturation greater than 92%
OR
☐ Administer oxygen via nasal prongs or mask to maintain oxygen saturation between ____% and ____%.

5. LABORATORY TESTS (Ordered in EPR):

Ascitic Fluid (done by MD/NP only): ☐ Cell Count ☐ Cytology ☐ Micro C&S cell count ☐ Others _____

Electrolytes (sodium, potassium, chloride), creatine, BUN	<input type="checkbox"/> before procedure	<input type="checkbox"/> during	<input type="checkbox"/> after
AST, ALT, bilirubin, albumin	<input type="checkbox"/> before procedure	<input type="checkbox"/> during	<input type="checkbox"/> after
PT/INR	<input type="checkbox"/> before procedure	<input type="checkbox"/> during	<input type="checkbox"/> after
CBC	<input type="checkbox"/> before procedure	<input type="checkbox"/> during	<input type="checkbox"/> after

6. TRANSFUSION:

- ☐ Transfuse albumin 25% (25 g per 100 mL) IV over 30 minutes for every 4 L of ascitic fluid drained

7. DISCHARGE INSTRUCTIONS:

- ☐ Discharge when procedure completed and vital signs stable

Print Name and Designation

Signature

Date (dd/mm/yyyy)

Time