PARACENTESIS

Date, time and signature:	**Patient label**	
Diagnosis and extent	**Previous paracentesis** Hospital Hospice inpatient Hospice day case	**Outcomes (volume, complication)**
Trial of diuretics Y/N **Name**	**Dose**	**Outcome**

Blood results	**Date:**	**Acceptable Y/N***
Na	Alb	INR
K	Pr	Hb
Urea	Bili	WCC
Creat	AST	Plt
EGFR	Alk Phos	
Anticoagulants stopped	**Y/N***	
Current symptoms:		
Distension	Breathlessness	Anorexia
Nausea	Constipation	Fatigue
Pain	Poor mobility	

*Subcutaneous heparin should be stopped 24 hours prior to procedure. Warfarin should be stopped 3 days prior and the INR should be below 1.5. Platelets should be greater than 50.

In cases with poor renal or hepatic function, or a low sodium, proceed with caution. Patients with a low albumin are likely to reaccumulate more quickly.

Procedure: (tick when completed)		**Ultrasound Y/N**
Witnessed informed consent obtained ☐	**Observations recorded** ☐	**Aseptic technique** ☐
Lidocaine infiltrated sc **Concentration: %** **Volume ml**	**Site:**	**Drain secured by:**
Instructions for drainage:		
Observations: Blood pressure and pulse to be taken prior to procedure and .....hrly thereafter. Inform medical staff if BP falls below ...../.....		
Time	Pulse and BP	Total volume drained

Notes on procedure (complications, variances from the plan, further information)

Post-procedure: (tick when completed)		
Drain removed	**Dressing applied**	**Stoma bag applied**

Medication required:

Plan for subsequent procedures:

Patient provided with:		**Discharge letter to:**	
Information leaflet	☐	**GP**	☐
Contact details	☐	**CNS**	☐
Blood form	☐	**DN**	☐
TTOs	☐	**Patient**	☐