

**AUDIT 6.10.03-5.1.04: For every patient undergoing paracentesis:**

Initials:	_____				
Hospice Number	_____				
BHR Hospital Number (if they have one)	_____				
Primary malignancy	_____	Metastases (where)	_____		
On diuretics?	Yes	No			
If yes, which, and at what dose	_____				
Reason for paracentesis	_____				
Baseline (pre tap) BP	_____				
How much had drained when drain first clamped?	_____				
Time from drain insertion to first clamp (hours)	_____				
Why was drain clamped?	_____				
BP at 1 <sup>st</sup> resumption of drainage (if relevant)	_____				
BP at 2 <sup>nd</sup> resumption of drainage (if relevant)	_____				
BP at 3 <sup>rd</sup> resumption of drainage (if relevant)	_____				
Symptoms recorded during/in day after drainage	Dizziness	_____	Action taken	_____	
	Pain	_____	Action	_____	
	N/Vom	_____	Action	_____	
	Other	_____	Action	_____	
TOTAL amount drained by drain removal (litres)	_____				
Time from drain insertion to removal (hours)	_____				
Was patient drained to dryness?	Yes	No			
Complications of procedure?	Yes	No			
If yes, what were the complications?	_____				
Any problem with drain itself?	Yes	No	If yes, what?	_____	
Did these problems extend the hospital stay?	Yes	No	(describe)	_____	
Total length of ward stay from drain insertion	_____				
Outcome of ward stay	Home	Hospice	Other hospital ward	Death	Other
If death, reason for death (rel to drainage?)	_____				