

CONTINUING CARE PROGRAM
Policies and Procedures

PALLIATIVE PARACENTESIS VIA INDWELLING PERITONEAL CATHETER

<i>CATEGORY:</i>	CONTINUING CARE PROGRAM	<i>NUMBER:</i>	CCP-PM-3.60
<i>ISSUED BY:</i>	PROGRAM DIRECTOR	<i>PAGE NUMBER:</i>	1 OF 3
<i>DISTRIBUTION:</i>	CONTINUING CARE PROGRAM MANUAL PALLIATIVE CARE	<i>REVISION DATE:</i>	2005 AUGUST

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Purpose:

Insertion of a permanent indwelling paracentesis catheter into the abdomen to aid in relieving excess peritoneal fluid, providing pressure and pain relief so that the patient can breathe easier. The drainage tube is left in place and is used, as ordered, when the patient is symptomatic to relieve pain, pressure and shortness of breath. This is a palliative measure to provide pain and symptom management.

Policy and procedure on paracentesis not utilizing a permanent indwelling drainage tube is referenced in Perry and Potter 6th edition pgs. 1492-1497

Policy:

- A physician order is required for the insertion of an indwelling drainage tube.
- A referral is sent to the Angiography Suite at Peterborough Regional Health Centre (PRHC) to arrange for the insertion of the drainage tube by a radiologist.
- A consent for the procedure is required prior to transfer to PRHC.
- A physician's order is required to drain the fluid. The physician order must specify the amount of abdominal fluid that can be drained at any one time and the frequency of the drainage.
- Drainage can be done via gravity or with vacu-tainer bottles.

Procedure:

1. Obtain vital signs.
2. Assess respiratory function; symmetry of chest on inspiration and expiration, respiratory difficulty.
3. Assess need for pre-procedure analgesia.
4. Gather equipment; three vacu-container bottles, dressing tray, gloves, chlorhexidine swabs (or equivalent), JC7619 blood collection tubing, supplies for dressing change.
5. Perform hand hygiene.

CONTINUING CARE PROGRAM
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PALLIATIVE PARACENTESIS

<i>CATEGORY:</i>	GENERAL	<i>NUMBER:</i>	CCP-PM-3.60
<i>ISSUED BY:</i>	PROGRAM DIRECTOR	<i>PAGE NUMBER:</i>	2 OF 3
<i>DISTRIBUTION:</i>	CONTINUING CARE PROGRAM MANUAL	<i>REVISION DATE:</i>	

6. Ensure a saline lok is in place with a stopcock on the paracentesis tubing. Clamp the tubing. Make sure the clamp is shut off on the blood collection tubing. Insert the needle end of the blood collection tubing firmly into the vacu-container bottle. With needle less system or #18G needle, attach the blood collection tubing to the saline lok at the end of the stopcock, attached to the paracentesis tubing. Open clamp and stopcock, if applicable.
7. Initially, the fluid will drain quickly. The first bottle usually fills within one minute. When the bottle is full, clamp the tubing, and change the bottle, using aseptic technique.
8. Have the patient roll gently from side to side and press gently on the patient's abdomen. A change in the position in the head of the bed may assist with gravity drainage.
9. The entire procedure may take up to 15 – 30 minutes. The average amount of fluid drained is approximately 1000mls, but continue to drain until the flow stops or the patient is having abdominal discomfort.
10. Throughout the procedure, assess the patient's response such as respiratory status, respiratory rate, effort to breathe and comfort.
11. When finished, flush the tube with 10cc normal saline and turn off the stopcock.
12. Change saline lok weekly and change dressing weekly and prn.
13. Discard tubing in sharps container. Measure amount of fluid in bottles and document observation of fluid consistency, amount and colour in the interdisciplinary notes.
14. Label the bottles. Bottles are put in dirty utility room in yellow hazard container for disposal by housekeeping.
15. Assist the patient in assuming a comfortable position post procedure.
16. Assess the patient's response as in step 10.
17. Change the paracentesis tube dressing site daily or prn.

Ross Memorial Hospital

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<i>CATEGORY:</i>	GENERAL	<i>NUMBER:</i>	CCP-PM-3.60
<i>ISSUED BY:</i>	PROGRAM DIRECTOR	<i>PAGE NUMBER:</i>	3 OF 3
<i>DISTRIBUTION:</i>	CONTINUING CARE PROGRAM MANUAL	<i>REVISION DATE:</i>	

References:

Perry & Potter 6th Edition

PRHC Palliative Care Resource Manual

Oxford Textbook of Palliative Care Nursing 2001

Faculty of Health Sciences Queens University “Educating Physicians in Palliative Care”

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