bsg BRITISH SOCIETY OF GASTROENTEROLOGY

LARGE VOLUME PARACENTESIS IN CIRRHOSIS: SAFETY TOOLKIT

Large volume paracentesis is a common invasive procedure in patients with liver disease. The following 8 point safety checklist provides a simple guide to ensure minimum standards of care are met. This may be amended or modified in accordance with local practice guidelines.

Patient Name:	**Drain inserted by:**	**Pre-drain weight: kg**	**Total ascites drained: l**
DOB:	**Name**	**Time drain inserted:**	**Total HAS given: ml**
ID/NHS number:	**Designation**	**Time drain removed:**	**Post-drain weight: kg**
Ward:	**Date**		

PRE-PROCEDURE	**TICK & SIGN**
1**. CONFIRM PRESENCE OF ASCITES VIA CLINICAL EXAMINATION** *If unsure DO NOT proceed, ask for a senior review*	□Yes
2. CHECK PATIENT ID & CONSENT *Written consent is recommended; refer to local protocols* *Complications <1/1000: Bleeding, bowel perforation, pain, infection*	□Yes
3. **ENSURE PATIENT & NURSING STAFF PREPPED FOR THE PROCEDURE** **- IV Access in situ** **- Baseline observations** *(BP, pulse, respiratory rate, temperature and pre-drain weight)* - **Human Albumin Solution (HAS) ordered, prescribed AND AVAILABLE on the ward** *(100ml 20% HAS to be given per 2.5L ascites drained or as per local protocol)*	 □Yes □Yes □Yes
4. CHECK PLATELET COUNT & CLOTTING *If platelets <50 (or <70 and renal impairment) or INR >2 consider correction as per local guideline or in discussion with haematology*	Platelets = ……..X10^9 INR = ………..
DRAIN INSERTION PROCEDURE BY A TRAINED OPERATOR *If TWO failed attempts stop, discuss with SENIOR & consider U/S guided drain insertion* *You must fully document all attempts in the patient notes (whether successful or not)*	
POST-PROCEDURE	
5. APPLY DRESSING & LEAVE ON FREE DRAINAGE *Avoid clamping ascitic drains, keep ascitic drain below level of patient to promote drainage* *Apply dressing to ensure drain doesn't fall out*	□Yes
6.TAKE & SEND SPECIMENS *PHONE on call micro technician for urgent cell count (within 6 hours of sample taken)* *If patient's first ever drain procedure confirm with SENIOR if other samples are required*	□ White Cell count □ MC&S (BC bottles) □
7. DOCUMENT IN PATIENT'S NOTES & CONFIRM PLAN VERBALLY WITH NURSING STAFF **- Describe the colour of initial ascitic fluid draining & what samples have been sent** **- Document the plan for HAS replacement** *(100ml 20% HAS per 2.5l ascites drained)* **- Document what time the drain should be removed by** *(maximum of 6 hours later)* **- Suspend diuretic therapy for 24-48 hours**	 □Yes □Yes □Yes □Yes
8**. POST-PROCEDURE OBSERVATIONS** - **Monitor colour of ascitic fluid** (watch for blood in the drain bag) - **Monitor drain output** (empty drain bags regularly & give HAS as prescribed) **- Monitor BP/pulse/respirations /urine output** (observe for signs of shock) **- Monitor drain site for pain/haematoma**	 □Yes □Yes □Yes □Yes

NOTE: Large volume paracentesis is rarely a clinical emergency and where possible it is good clinical practice to perform this procedure during daytime working hours (8am-5pm)

DRAFT