

(place patient label here)

Patient Name: _____

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box ☒ will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page



PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

Paracentesis-Postprocedure

Version 2 1/27/14

Nursing Orders

- ☒ Assess for bleeding, paracentesis site
- ☒ Assess for drainage, paracentesis site
- ☒ Vital signs post procedure
- ☒ Measure weight, post procedure

Medications

Plasma Expanders

- An albumin infusion of 6-8 g/L of fluid removed may be considered for patients undergoing large-volume (> 5 L) paracentesis.
- For patients undergoing a single paracentesis < 4 to 5 L, the evidence for the use of albumin is inconclusive due to a paucity of available data.

albumin, human 25%

- ☐ 200 milliliter (50 grams) intravenously once
- ☐ _____ milliliter intravenously once

Provider Signature: _____ Date: _____ Time: _____