(place patient label here)

Patient Name:

Order Set Directions:

(v)- Check orders to activate; Orders with pre-checked box arDelta 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

Diagnosis: ____

Allergies with reaction type:

Paracentesis- Preprocedure General

- For patients with ascites due to cirrhosis who have clinically apparent new-onset ascites, who are admitted to the hospital, or who develop symptoms, signs, or abnormal laboratory studies suggestive of infection, perform paracentesis and obtain ascitic fluid
 - ☑ Order for procedure
 - Specific Procedure: Paracentesis Date of Procedure: _____
 - Time of Procedure:
 - ***Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology***

Nursing Orders

Have the following supplies available at patient bedside-paracentesis tray, ______ for procedure to start at _____ (time)

Laboratory

- For patients with ascites due to cirrhosis who are undergoing initial laboratory investigation of ascitic fluid, consider obtaining a serum albumin and an ascitic fluid albumin level and calculating the serum-ascites albumin gradient
- For patients with suspected spontaneous bacterial peritonitis, consider using the observation of clear fluid appearance to exclude the diagnosis of spontaneous bacterial peritonitis

Labs to be obtain on Admission or now:

- □ CBC/ NO DIFF
- □ PT (PROTIME AND INR) □ PTT
- □ LDH. PLASMA GLUCOSE
 - TOTAL PROTEIN

- □ ALBUMIN LEVEL
- □ BLOOD CULTURE

Peritoneal Fluid Studies

- ☑ FLUID CELL COUNT WITH DIFF: Peritoneal fluid
- ☑ FLUID PH : Peritoneal fluid
- □ FLUID ALBUMIN: Peritoneal fluid
- □ FLUID AMYLASE: Peritoneal fluid
- □ FLUID GLUCOSE: Peritoneal fluid
- □ FLUID LDH: Peritoneal fluid
- □ FLUID TOTAL PROTEIN: Peritoneal fluid
- □ FLUID TRIGLYCERIDES: Peritoneal fluid
- □ CYTOLOGY (GENERAL) Diagnosis.Pertinent History: _ Provider Obtaining Speciman: _ Speciman Source: Peritoneal Fluid
- CULTURE, AFB AND SMEAR MIC Source: _____
- □ CULTURE ANAEROBIC MIC Fluid source:
- □ CULTURE, FLUID AND GRAM STAIN MIC Source:
- CULTURE FUNGAL MIC Source: _____



Version 2 3/24/14

(place patient label here)

Patient Name: _____

- Order Set Directions:

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Radiology

IR Miscellaneous Reason for exam: ______ Additional Instructions ______ Specific Procedure Requested: Paracentesis



PROVIDER ORDERS