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
- 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 Specimen: ________________
  - Specimen Source: Peritoneal Fluid
- CULTURE, AFB AND SMEAR MIC Source: ________________
- CULTURE, FLUID AND GRAM STAIN MIC Source: ________________
- CULTURE FUNGAL MIC Source: ________________

Radiology
- IR Miscellaneous Reason for exam: ________________
- Additional Instructions ________________
- Specific Procedure Requested: Paracentesis

Provider Signature: ____________________________ Date: ________ Time: ________
Renal Biopsy- Preprocedure

General
☑ Order for procedure
   Specific Procedure: Renal Biopsy
   Date of Procedure: ________________
   Time of Procedure: ________________

***Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology***

Patient Placement
Patient Status
☑ Outpatient

Activity
☑ Up ad lib

Nursing Orders
☑ Notify provider and Interventional Radiology of patient arrival.
☑ Saline lock with saline flush BID

Diet
☐ NPO
☐ Diet, regular low sodium

Medications
LORazepam (ATIVAN)
☑ 0.5 milligram orally once with sip of water after written authorization obtained

Laboratory
☐ Urinalysis (UA) with microscopy

Obtain the following labs STAT:
☐ CBC/ NO DIFF
☐ Basic metabolic panel
☐ PT (PROTIME AND INR)
☐ PTT
☐ Type and screen

Radiology
CT guided biopsy: Renal
☑ routine; Reason for exam: ________________

Provider Signature: ____________________________ Date: __________ Time: __________