**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
- LDH, PLASMA
- GLUCOSE
- TOTAL PROTEIN

**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: ______________
  - Specimen 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: ______________

Initials__________
Order Set Directions:

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

Radiology

- IR Miscellaneous Reason for exam: _____________________________
- Additional Instructions __________________________________
- Specific Procedure Requested: Paracentesis

Patient Name: _____________________________