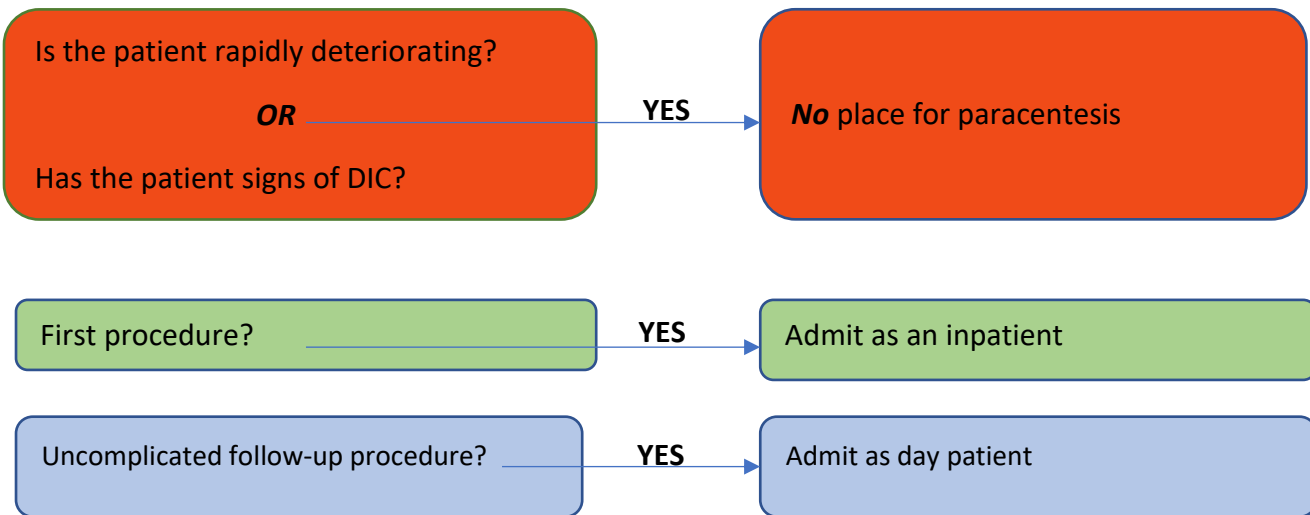


Flowchart for Paracentesis

Patient label

Please see NTH guideline “Ascites and Paracentesis” for a complete overview



1. Bloods need to be checked before first procedure is undertaken and if appropriate on subsequent procedures - * Check platelet count, INR (INR should be 1.5 or less), Hb, WBC, electrolytes and albumin
2. Stop routine anti-coagulation 72 hours before procedure and clexane at least 24 hours before procedure
3. Confirm presence of the ascites with handheld ultrasound prior to procedure and establish the most suitable place for needle insertion
4. PIL (Patient information leaflet) given
5. In cirrhosis of the liver, it has been recommended that the albumin infusion should be given at a dose of 6-8g/L ascites fluid removed. 50% should be given the first hour and the remainder in the next 6 hours
6. Baseline observations of BP, temperature and pulse should be recorded - > if BP is low (systolic < 100 mmhg) or the patient is dehydrated, support the procedure with 0.9% saline IV during drainage
7. The patient should empty their bladder and lie comfortably for the procedure
8. It is safe and effective to drain up to 5L by free drainage. If BP is stable and the patient is tolerating the procedure without distress allow up to further drainage of 1-2L to drain
9. Remove paracentesis needle as soon as possible after drainage complete & cover with sterile dressing. Ask patient to lie with the drain site uppermost and to remain in the position for at least 20-30 mins
10. If the patient is feeling well, he/she can be discharged 1-3 hours after the drain removal or the following morning, depending on their general condition