Section:	Division of Nursing	**********	Index:	7430.023a
		* **PROCEDURE** *	Page:	1 of 2
Approval:	_____	**********	Issue Date:	8/10/93
			Revised Date:	January, 2011
	_____			

HACKETTSTOWN REGIONAL MEDICAL CENTER

Originator: M. Kohmescher, RN, CGRN
Revised by: B. Springer, RN
S. Koeppen, RN, CGRN

MINOR PROCEDURE
(Scope)

TITLE: **ABDOMINAL PARACENTESIS**

PURPOSE: To outline the nursing methodology in caring for the patient with abdominal paracentesis.

SUPPORTIVE DATA:

1. Abdominal paracentesis involves withdrawal of peritoneal fluid for diagnostic and therapeutic purposes using a large-bore needle, syringe and/or gravity drainage.

2. Indications:
It is indicated for evaluation of ascites, for determination of perforated viscus following blunt trauma or symptoms of acute abdomen and for relief of dyspnea or abdominal pain secondary to tense ascites.

EQUIPMENT LIST:

1. Sterile thorancentesis tray, including:
   a. Skin preparation solution and sterile gauze sponges.
   b. Local anesthetic
   c. Syringes, 10cc (2), 50 c (2)
   d. Needles – 16, 18, 20 gauge; spinal – 18, 20 gauge; intravenous catheter with tubing.
   e. Sterile drapes
2. Sterile gloves, mask and goggles for MD and nurse
3. Sterile specimen containers
4. Enter laboratory requests in Cerner
5. Glass slides
6. Elasticized adhesive dressing
7. For therapeutic paracentesis (in addition to above)
   a. Trocar and stylet or IV catheter – 18 or 20 gauge
   b. Tubing – 12 – 18 cm in length
   c. 3-way stopcock
   d. Large sterile vacutainer and connection tubing
   e. Absorbable suture with needle

CONTENT:

PROCEDURE STEPS:

A. Pre-Procedure Assessment/Care:

1. Verify signed informed consent
2. Obtain laboratory results: hematocrit, prothrombin time, partial thromboplastin time, platelet count; report any abnormalities to the physician.
3. Have patient void.
4. Obtain baseline vital signs and document.
5. Explain purpose of test, techniques to be used and sensations the patient is likely to experience and document teaching.
6. Position patient according to physician's choice.
   a. Fowler's position
   b. Sitting on the side of the bed with feet supported.
   c. Knee-hand position.
7. Drape patient with sheet exposing abdomen.

KEY POINTS:

Contraindications:

1. Severe coagulopathy (acceptable PT/PTT levels to be determined by physician – usually prothrombin time <4 seconds prolonged is preferred)
2. Thrombocytopenia (<50,000 platelets)
3. Intestinal obstruction
4. Abdominal wall infection
5. Uncooperative patient
6. Previous multiple abdominal surgeries
7. Portal hypertension with abdominal collateral circulation.

B. RESPONSIBILIES DURING PROCEDURE

1. Assist MD in establishing and maintaining sterile field, disinfecting skin and drawing up local anesthetic.
2. Assist with aspirations fluid – first 10cc and subsequently via stopcock in 50cc aliquots.
3. Assist patient with repositioning if needed
4. Have specimen containers ready to receive fluid.
5. Monitor pulse and respiratory status throughout procedure and document.
6. Reassure patient.
7. Apply elasticized, adhesive dressing to site.
8. Document any adverse reactions to procedure.

C. POST-PROCEDURE ASSESSMENT/CARE

1. Assist patient to resume comfortable position.
2. Monitor and evaluate vital signs as ordered and document.
3. Record amount and type of fluid withdrawn. Document type of lab test to be performed on fluid.
4. Notify physician if:
   a. Pulse rate increases and systolic blood pressure decreases.
   b. Respiratory status changes
   c. Temperature is elevated
   d. There is leakage from site or scrotal edema
5. Label and send fluid to lab as ordered by MD.

POTENTIAL COMPLICATIONS

1 Hemorrhage
2 Perforation of the bowel
3 Hypovolemia and shock
4 Large-volume paracentesis (up to 5 liters) has been reintroduced as a safe and therapeutic measure to relieve the patient of tense ascites. Colloid replacement with albumin is recommended with large-volume paracentesis. The physician may prefer central venous pressure monitoring to prevent significant depletion of intravascular volume to the interstitial space.

Reference: MANUAL OF GASTROENTESTINAL PROCEDURES, FIFTH EDITION; COPYRIGHT 2004