



Home > Policies & Procedures > Clinical Documents > Interdisciplinary Clinical Manual > Abdominal Paracentesis in Adult Patients - Assisting with

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PROCEDURE	Manual: Clinical	Section: Interdisciplinary Clinical	Code No.: I A002	Old Code No.: PROA2
Title: Abdominal Paracentesis in Adult Patients - Assisting with			Original Effective Date: Apr 01, 1985	
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Purpose:

To obtain peritoneal fluid for diagnostic analysis to determine: the presence of bacteria, blood, fungi, glucose, protein; cell count or specific gravity; and/or, cytological analysis. To provide temporary relief of respiratory and abdominal discomfort caused by ascites.

There are two types of abdominal paracentesis procedures:

1. Abdominal aspiration
2. Peritoneal lavage

Note: refer to [Abdominal Paracentesis in Adult Patients - Assisting with \(Diagnostic Imaging Department\)](#) for outpatients having the procedure performed in Diagnostic Imaging.

Responsibility:

- Physician to obtain consent and perform procedure on unit
- Nurse
- Lab Technician/ Technologist
- Unit Clerk

Equipment:

- Personal protective equipment: masks, goggles, gowns, sterile gloves for physician performing the procedure.
- Sterile aspiration tray (specific to the aspiration procedure) which includes: 4.2 inch gauze pads, towels two 3-ml syringes with 16-27 gauge needles
- Vacuum bottles to collect fluid
- Stopcock with extension tubing
- Sterile specimen containers, test tubes, laboratory requisitions and labels.
- Analgesia (if ordered)
- Antiseptic solution (e.g. chlorhexidine, betadine, isopropyl alcohol 70%)
- Local anaesthetic solution (e.g. lidocaine 1%) obtained from Acudose
- Two 4x4 sterile gauze packages, tape, adhesive bandage
- Measuring tape

- Intravenous (IV) fluids as ordered
- Patient identification labels for lab specimens
- Vital signs equipment

Method:**Pre-procedure:**

- The procedure is explained by the physician to the patient and signed consent is obtained.
- Allergies are verified to determine if patient is allergic to antiseptic, latex, or anesthetic solutions.
- The physician will assess patient's coagulation status: use of anticoagulants, complete blood count (CBC), platelet count, clotting factors, activated partial thromboplastin time (aPTT)/international.
- Last dose of anti-coagulate therapy is documented
- Assess bladder for distention and determine last voiding. Instruct patient to empty bladder.
- Weigh patient, inspect and palpate abdomen, and measure abdominal girth at the largest point. The physician will mark location.
- Baseline vitals, including pain, are obtained and documented.
- Assess need for pre-medications for pain and anxiety.

Procedure

- Perform hand hygiene.
- Identify patient using at least two identifiers as per [Identification of Patient policy](#) (e.g., name, birthday, medical record number).
- Position patient in bed in semi-Fowler's position or sitting upright on side of bed or in chair with feet supported.
- Assess patient's ability to maintain the position. Help patient remain still and in correct position.
- Adjust the bed to the appropriate height for the procedure.
- All clinical staff will don the appropriate Personal Protective Equipment (PPE).
- The physician will open the sterile tray and add any additional required equipment following aseptic technique. Nurse will assist physician as directed (e.g., opening of packages, drawing up local anaesthetic).
- The physician will clean the abdominal paracentesis site with antiseptic solution and will drape the site to maintain a sterile field.
- The physician will administer anesthetic and wait for anesthetic to take effect.
- The physician will obtain the paracentesis sample. The sample will be transferred to a sterile specimen container for processing.
- Nurse will label specimen container.
- Nurse will indicate source of specimen on label.
- The physician will withdraw the procedure needle from the patient and will apply a pressure dressing on completion of procedure.
- The physician will apply gauze dressing.
- Remove PPE and perform hand hygiene.
- Dispose sharps into sharps bin.
- Nurse or unit clerk will call porter to transport the specimen to Laboratory.

Post-procedure

The nurse will:

- Measure abdominal girth
- Assess and document patient's vital signs q 15 mins for 1 hr and then q30 min for a minimum of 2 hours. Compare and report deviation from baseline to physician.
- Measure and monitor urinary output x 24 hours
- Assess dressing over insertion site for bleeding or drainage, swelling, tenderness and erythema and report abnormal findings to the physician.
- Document the following (at a minimum):
 - Condition of site and type of dressing
 - Vital signs
 - Patient tolerance of procedure
 - Patient teaching

Special Considerations:

- Not applicable

References:

- Perry A., Potter P., & Ostendorf, W. (2018). Clinical nursing skills and techniques (9th Ed.). St. Louis, MO: Elsevier.

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