| Gastroenterology Ascites Fluid Analysis |
|--|
| Ohrs Drogodure |
| ✓ ⊕Pre-Procedure |
| Order serum platelet, INR and PTT if not done in the last 5 days. Order type and screen if not previously done and patient is requiring plasma or platelets US Paracentesis |
| Note if requesting diagnostic or therapeutic |
| ✓ Ascites Fluid |
| |
| ☐ Albumin, Body Fluid Once, Peritoneal Fluid, Peritoneum |
| Amylase, Body Fluid |
| Once, Peritoneal Fluid, Peritoneum |
| ☐ Bilirubin, Total, Body Fluid |
| Once, Peritoneal Fluid, Peritoneum |
| ✓ Cell Count, Body Fluid Peritoneum |
| Once, First occurrence today at 1245 Peritoneal Fluid, Peritoneum |
| Glucose, Body Fluid |
| Once, Peritoneal Fluid, Peritoneum |
| ☐ Lactate Dehydrogenase (LD), Body Fluid |
| Once, Peritoneal Fluid, Peritoneum |
| ☐ Lipase, Body Fluid |
| Once, Peritoneal Fluid, Peritoneum |
| ☐ Non-Gynecological Cytology Peritoneal Fluid |
| |
| ☐ Protein Total, Body Fluid Once, Peritoneal Fluid, Peritoneum |
| ☐ Triglycerides, Body Fluid |
| Once, Peritoneal Fluid, Peritoneum |
| ✓ Microbiology Panel |
| Fluid Culture, Routine Abdomen |
| Once, First occurrence today at 1246 |
| Ascites fluid |
| ☐ Fungal Culture |
| ☐ Mycobacteria Culture |
| ✓ •Serum (to be collected within 1 hour of ascites fluid sample collection) |
| ☐ Lactate Dehydrogenase (LD) |
| ☐ Total Protein |
| ☐ Glucose, Random |
| Albumin |
| Amylase |
| ☐ Lipase |

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| Ļ | Drain Care |
|----|--|
| ~ | Notify Most Responsible Health Practitioner (MRHP) Until discontinued, starting today at 1250, Until Specified Other: If ascites drain volume reaches *** liters, clamp drain and page MRHP |
| ~ | Notify Most Responsible Health Practitioner (MRHP) Until discontinued, starting today at 1250, Until Specified Other: If ascites fluid bloody, cloudy or milky |
| V | Plasma Protein Product Albumin 25% Panel |
| Er | nsure patient consent has been obtained prior to requesting blood product from lab/transfusion service where possible. |
| | Prepare Albumin 25% |
| | Routine |
| | co And |
| | ● Albumin 25% |
| | Give albumin 25% 100ml IV for every 3L of ascites fluid drained Rate NOT to exceed 120 mL/hr. Must be adjusted to individual requireme intravenous, once, 1 dose, today at 1300 Indication: Large volume paracentesis |
| | Nursing Communication - Record total fluid drained and albumin given on paracentesis flowsheet Remove Drains / Tubes Remove drain after drainage procedure complete. Confirm non-locking catheter prior to drain removal |
| | Dressing Instructions: |
| | Apply glue stitch and/or dressing to site after drain removal |