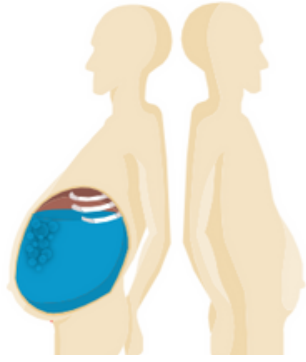


Ascites in a patient with cirrhosis

Initial Work-up



Patient with known cirrhosis with new onset or known ascites

Approach in a stable outpatient

- Work through diagnosis, general and specific management
- Urgency dictated by individual patient presentation

Approach in a patient who has come to the ER OR a patient with worrying signs or symptoms

- Worrying signs include abdominal pain, fever, worsening renal function, confusion)
- Do a same day paracentesis

What do you send the fluid for?

Basic fluid workup (in all patients every time):

Bloodwork:

- Basic labs (CBC, electrolytes, creatinine, albumin, PT, PTT, bilirubin, ALT)
- Blood cultures (if suspicion of SBPeritonitis)

Ascites fluid analysis:

- Fluid cell count and differential
- Fluid culture & sensitivity (inoculate fluid directly into blood culture bottles)

[See SBPeritonitis Treatment](#)

SBPeritonitis = polymorphonuclear cell count > 250 cells/uL

Extended fluid workup (additional analysis as required):

Ascites fluid analysis:

- Fluid protein, Fluid albumin, Fluid cytology, etc
- Glucose and LDH (secondary bacterial peritonitis)
- Ascites in cirrhosis with portal hypertension (SAAG>11g/L, protein<25 g/L)

[SAAG Differential Diagnosis](#)

[See SBPeritonitis Treatment](#)

SBPeritonitis = polymorphonuclear cell count >250 cells/uL