



ASSISTING IN PARACENTESIS

Key Terms

Introduction:

Paracentesis is a sterile procedure performed to obtain peritoneal fluid for analysis or therapeutic reasons such as reducing intra-abdominal pressure from ascites.

Equipment:

- Paracentesis tray (some items listed below may be included in tray)
- Patient gown
- Sheet
- 1000-mL glass evacuated container or drainage bag, and additional bottles/containers
- 36" blood collection set with needle
- 2% lidocaine
- 3-mL syringes
- 1" 25-gauge needle
- Sterile gloves in appropriate size for physician
- Betadine® swab sticks
- Sterile 2x2 gauze (3-4)
- 1" tape
- Alcohol wipe

Procedure

S.NO	STEPS	RATIONALE
1	<i>Before the Procedure</i> Check the doctor's order.	To avoid errors
2	Identify the client correctly with atleast two patient identifiers	To avoid errors

3	<p>Explain and emphasize the importance of the procedure.</p> <ul style="list-style-type: none"> • Inform that she will be experiencing mild pain on the site where the needle was pricked • Inform the client that the procedure takes only few minutes, depending primarily on the time it takes for fluid to drain 	Reassure the patient and to allay anxiety
4	Collect patients previous diagnostic procedure, such as a x-ray, fluoroscopy, ultrasound, or CT scan, performed prior to the procedure.	To assist the physician in identifying the specific location of the fluid
5	Asked the patient to remove any clothing, jewelry, or other objects	Prevents interference during the procedure
6	The area around the puncture site may be shaved.	To prevent cross infection.
7	Encourage patient to empty bladder prior to the procedure	Minimises the risk of bladder perforation
8	Vital signs (heart rate, blood pressure, breathing rate, and oxygen level) are to be monitored before the procedure.	To get the patients baseline hemodynamic status
9	<p><i>During the Procedure</i></p> <p>Support the client verbally and describe the steps of the procedure as needed.</p>	Reassure the patient at alleviate anxiety
10	Vital signs (heart rate, blood pressure, breathing	To assess any changes in the

	rate, and oxygen level) are to be monitored during the procedure.	patients hemodynamic changes.
11	Assist patient into appropriate position(semi-fowler's or if lying on back provide a slight recumbent position	Helps to drain the peritoneal fluid
12	The skin at the puncture site will be cleansed with an antiseptic solution.	To do procedure in aseptic technique
13	The patient will receive a local anesthetic at the site where the paracentesis is to be performed.	To avoid pain during the procedure and to gain cooperation
14	Place a small sterile dressing over the site of the puncture.	To prevent leakage of fluids
	<i>After the Procedure</i>	
15	Assess patient's tolerance, vital signs, pain, sensorium, and then document findings.	To prevent complications
16	Collect and label specimens as directed.	To avoid missing of sample
17	The dressing over the puncture site will be monitored for bleeding or other drainage.	To avoid immediate complication

**Watch out**

Watch for hypertension, hypotension, bleeding in the Puncture site, Pain or deterioration in general condition.

Documentation:

- Record name of procedure, location of puncture site, and duration of procedure.
- Individual conducting procedure to document
- Amount and appearance of fluid collected, and lab tests ordered on fluid samples.
- Individual monitoring patient post procedure is to document condition of patient at time of discharge.

**PATIENT FAMILY EDUCATION:**

- Instruct the patient to lie down in right lateral position for 4 hours after procedure
- To intimate intolerable pain to the nurse.