

[Please place patient sticker here]

Name

DoB

Hosp No

Specialty Consultant in charge: .....

**Abdominal Paracentesis Proforma**

Date \_\_\_ / \_\_\_ / \_\_\_ Time \_\_\_ : \_\_\_

**Pre-Procedure**

**Indication:** Malignant ascites  Decompensated cirrhosis

Further Information: .....

**On warfarin or NOAC?** Yes No If yes, date last taken.....

**TEG checked to guide products for coagulation support** Yes No

If TEG not available use parameters below

**Plt >50** Yes No **INR <2.0** Yes No  
 [FFP is required to correct INR >2.0]

Products given: .....

Recent imaging checked, to guide site of insertion?  
 (Evidence of hepatosplenomegaly?) Yes No

Rationale and nature of procedure explained? Yes No

Risks explained? Yes No  
 (Pain, bleeding, infection, damage to surrounding structures, bowel perforation, failure, blocked tube)

Patient information leaflet given: Yes No

Consent for procedure obtained and consent form signed?  
 (Incapacity form when appropriate) Yes No

**Procedure**

Aseptic technique? Yes No

Site: ..... Lidocaine instilled: .....ml of .....%

Bonanno catheter inserted? Yes No Other: .....

Ascitic fluid appearance: .....

Specimens sent to Lab for the following: [please tick]

<b>Microbiology (universal bottle)*</b>	<b>Biochemistry (Gold top vacuette)</b>	<b>Cytology (universal bottle)</b>
<input type="checkbox"/> MC+S <input type="checkbox"/> Cell count <input type="checkbox"/> Gram Stain Cell count sample should be sent at each paracentesis for cirrhotic ascites	<input type="checkbox"/> Albumin <input type="checkbox"/> Total Protein <input type="checkbox"/> Amylase These samples only need to be sent at initial diagnosis of ascites – not for repeat paracentesis	<input type="checkbox"/> Cytology

