**GYNAECOLOGY CORE CARE PLAN: CARE OF PATIENT UNDERGOING**

**ABDOMINAL PARACENTESIS**

**Ward:**

*Affix patient label or enter details:*

Trust ID No.:

Surname (BLOCK LETTERS): First name:

D.O.B.:

|  |  |
| --- | --- |
| **PROBLEM: This patient requires abdominal paracentesis because ascites has been causing the following symptoms:** | |
| **GOAL: For symptoms caused by ascites to be relieved following drainage and for specimen fluid to be obtained for diagnostic purposes if required.** | |
| **ACTIONS** (Circle appropriate actions) | **AMENDMENTS**  (Date/Signature) |
| **1.** If admitted, complete admission documentation including all risk assessments. Complete a full set of  observations using NEWS to provide a baseline for further observation whilst paracentesis is in process. Measure girth and weigh patient so comparisons can be made post-procedure**.** Take bloods to check patient is not dehydrated and that there is no electrolyte imbalance. Advise patient to empty bladder prior to procedure. |  |
| **2.** Ensure that this patient has had the opportunity to discuss exactly what the procedure entails and its likely benefits/disadvantages. Allow time for her to ask any questions. Ensure that the doctor has obtained verbal consent for the procedure to go ahead. |  |
| **3.** Ensure the patient has been given analgesia to provide comfort whilst the procedure is in progress, and  afterwards while drain is in place.   Prepare a trolley and collect any equipment that will be required for the procedure by the doctor responsible for insertion of the drainage device.   Position this patient supine with head raised. Remain with the doctor during the procedure to provide a chaperone, ensuring the privacy and dignity of this patient whilst assisting the doctor as necessary. Use ANTT at all times, ensuring that a closed drainage system is obtained.   Ensure an adequate dressing is in place that allows vision of the drain entry site, sufficient padding to prevent leakage and skin damage, and which ensures that the drain cannot pull the skin or slip/fall out.   Advise this patient to keep the drainage bag below the drain entry site to facilitate drainage whilst keeping mobile if possible as this will encourage flow through gravity. Observe closely if this patient is already feeling weak and wobbly as removal of the ascitic fluid may make her more prone to fall.   Observe and record volume and nature of fluid drained immediately. Use universal precautions when emptying bag. Obtain 2 specimens to go to cytology (brown bottles), ensure accompanying request forms are completed correctly.   Ensure doctor records the time of drain insertion and gives a projected plan for its removal (overleaf). |  |
| **4.** Keep a strict record of fluid drainage, emptying the bag before it gets too full. Monitor this patient (NEWS) for signs of shock (caused by circulatory shift/intrabdominal release of pressure) and for signs of infection. Inform the doctor immediately if the patient becomes unwell, having clamped the drain. |  |
| **5.** Ensure she has adequate oral intake to prevent dehydration. If this patient had a MUST score of 2 or  over on admission, and/or blood results show an imbalance, refer her to the dietician to discuss nutritional support that may be required during this admission and once she has gone home. |  |
| **6.** Remove drain once fluid is no longer draining into the bag. Use ANTT. Secure drainage site with padding.  Monitor site for leakage for at least 30 minutes after drain removal before allowing patient to go home. Give instructions for drain site management. Provide phone number to call in event of difficulties once home. Give a supply of fresh dressings. |  |
| **Signature of nurse generating care plan:** | **Date:** |
| **Evidence:** The Marsden Manual 7th ed.(2008) Royal Marsden Hospital; Privacy and Dignity Policy TCP 172, BSUH (2011);  Minimum standard for observations TCP 188, BSUH (2010) ;  <http://www.palliative.org/PC/ClinicalInfo/NursesNotes/ManagingAscitesInPC.html> | |

*Issued by: Level 11 Gynaecology Nursing Team. March 2021 Review Date: March 2023*



**MANAGEMENT PLAN & NURSING EVALUATION OF PATIENT**

**UNDERGOING ABDOMNIAL PARACENTESIS**

**ON ADMISSION:**

*Affix patient label or enter details:*

Trust ID No.:

Surname (BLOCK LETTERS): First name:

D.O.B.:

DATE ……………… TIME …………… CONSULTANT…………………………...

BASELINE OBSERVATIONS:

BP P T RR SATS BM NEWS

NEED FOR BED/DAYROOM (Circle)

REFERRED BY………………………………

NURSE…………………………………….. NAMEBAND 

**DOCTORS PLAN:**

**NURSING EVALUATION:**

**DRAIN CHART**

|  |  |  |  |
| --- | --- | --- | --- |
| TIME | AMOUNT | TOTAL | SENT FOR CYTOLOGY  (Y/N/NA) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DISCHARGED BY**………………………………………………

**DATE**……………**TIME**……………..

*Issued by: Level 11 Gynaecology Nursing Team. March 2021 Review Date: March 2023*

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