



Physician Orders ADULT: Paracentesis Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: Paracentesis Phase, When to Initiate: _____

Paracentesis Phase

Patient Care

- ☐ Notify Physician-Once
Notify: attending physician, Notify For: notify using SBAR format.
- ☒ Consent Signed For
Procedure: Paracentesis

Nursing Communication

- ☒ Nursing Communication
document nature and amount of fluid obtained during paracentesis if done at bedside.

Medications

- ☐ **+1 Hours** albumin, human 25%
25 g, IV Piggyback, OnCall, Routine, (for 1 day), (infuse over 30 min)
Comments: For paracentesis only! Max Dose = 100 g
- ☐ **+1 Hours** albumin, human 25%
50 g, IV Piggyback, OnCall, Routine, (for 1 day), (infuse over 60 min)
Comments: For paracentesis only! Max Dose = 100 g
- ☐ **+1 Hours** albumin, human 25%
75 g, IV Piggyback, OnCall, Routine, (for 1 day), (infuse over 90 min)
Comments: For paracentesis only! Max Dose = 100 g
- ☐ **+1 Hours** albumin, human 25%
100 g, IV Piggyback, OnCall, Routine, (for 1 day), (infuse over 120 min)
Comments: For paracentesis only! Max Dose = 100 g

Laboratory

- ☐ AFB Culture and Smear
Routine, T;N, once, Specimen Source: Abdominal Fluid, Nurse Collect
- ☐ Albumin Level
Routine, T;N, once, Type: Blood
- ☒ Albumin Fluid
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☐ Alkaline Phosphatase
Routine, T;N, once, Type: Blood
Comments: ABDOMINAL FLUID
- ☐ Amylase Fluid
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☒ Body Fluid Culture and Gram Stain
Routine, T;N, once, Specimen Source: Abdominal Fluid, Nurse Collect





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- ☐ CEA (Carcinoembryonic Antigen) Fluid
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☐ Body Fluid Profile
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☐ Cholesterol, Peritoneal Fluid
Routine, T;N, once, Type: Peritoneal Fluid, Nurse Collect
- ☐ Cytology Non-Gyn Order
Routine, T;N, Specimen Type: ABDOM FLUID
- ☐ Fungus Culture
Routine, T;N, once, Specimen Source: Abdominal Fluid, Nurse Collect
- ☐ Glucose Fluid
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☐ Lactic Acid, Fluid
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☐ LDH Fluid
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☐ Protein Fluid
Routine, T;N, once, Type: Abdominal Fluid, Nurse Collect
- ☐ Triglycerides, Peritoneal Fluid
Routine, T;N, once, Type: Peritoneal Fluid, Nurse Collect

Diagnostic Tests

- ☒ US Abdominal Paracentesis W Imaging
T;N, Routine, Stretcher
Comments: Radiology to send fluid from procedure to lab unless otherwise specified by physician.

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

DEF - This order sentence is the default for the selected order
 GOAL - This component is a goal
 IND - This component is an indicator
 INT - This component is an intervention
 IVS - This component is an IV Set
 NOTE - This component is a note
 Rx - This component is a prescription
 SUB - This component is a sub phase, see separate sheet
 R-Required order

