Methodist Healthcare

(Place Patient Identification Sticker Here)

# Care Set: Paracentesis Order Set for Hepatology Service/Transplant Patients

[X] = Mandatory Order, will be ordered unless marked out.

***Physician's Orders***

Date: _____ Time: _____ Height: _____cm Weight: _____ kg

## ADMISSION

[X] Schedule as outpatient to Ultrasound Department for Dr. _____
Status: ( ) Outpatient ( ) Observation
Diagnosis: Ascites and End-Stage Liver Disease
Service: Hepatology
**Allergies:** [ ] No known allergies [ ] Latex allergy [ ] Other: _____
[ ] Medication allergy(s): _____

## VITAL SIGNS

[X] Vital signs on admission
[X] After paracentesis, obtain VS upon arrival to CT holding and 30 minutes after. If patient stable and meets criteria, may be discharged.

## ACTIVITY

[X] Activity as tolerated
[ ]

## FOOD/NUTRITION

[ ]
[ ]

## PATIENT CARE

[X] Start INT upon arrival.
[X] After paracentesis, send patient to CT holding. obtain VS upon arrival to CT holding and 30 minutes after.
[X] After paracentesis if patient stable and meets criteria, patient may be discharged.
[X] If patient is on liver transplant list, weigh patient before discharge and call weight to pre-transplant coordinator at 516-8901.
[ ]
[ ]
[ ]

## MEDICATIONS (this section can be subdivided as necessary)

[X] Infuse 50 grams 25% albumin IV upon arrival.
[X] If volume of fluid removed is greater than 10 Liters, administer another 50 grams of 25% albumin IV.
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]

## DIAGNOSTIC TESTS

[X] Draw STAT (if not done 1-2 days prior to procedure): CBC with differential, CMP, PT/INR.
[ ] Fax results to 448-7296 ATTN: Hepatology Clinic nurse **OR** [ ] Call results to _____
[X] Large volume paracentesis per ultrasound guidance.
[X] Send peritoneal fluid for cell count with differential and C & S. Lab to call hepatologist with results.
[ ]
[ ]

## CONSULTS

[ ]
[ ]
[ ]

_____ _____ _____ _____
Physician's Signature Name Printed Physician Number Beeper Number