


# ASCITIC TAP/DRAIN INSERTION CHECKLIST

SIGN IN <i>To be completed by the individual conducting the procedure prior to scrubbing</i>	TIME OUT <i>To be completed by the assistant at the appropriate time before/after the procedure</i>	SIGN OUT <i>To be read out loud by the assistant before anyone leaves the procedural area</i>
<input type="checkbox"/> Confirm all individuals have introduced themselves. <input type="checkbox"/> Confirm patient identity.	<input type="checkbox"/> Confirm the operator is wearing hat, gown, mask and gloves after scrubbing?	<input type="checkbox"/> Confirm sharp count performed. <input type="checkbox"/> Operator disposes all sharps safely.
<b>Procedure:</b> <input type="checkbox"/> Ascitic drain insertion <input type="checkbox"/> Ascitic tap <b>Indication:</b> <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Malignancy	<b>Skin cleaned with Chloraprep?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason:	<b>Confirm:</b> <input type="checkbox"/> Ascitic fluid output chart available. <input type="checkbox"/> Albumin prescribed if available with clear instruction on the required albumin/ascitic fluid drainage ratio.
<b>Albumin cover required?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, confirm albumin ordered/available: <input type="checkbox"/>	<b>Confirm:</b> <input type="checkbox"/> Sterile drapes in place. <input type="checkbox"/> Skin infiltration with lidocaine. <input type="checkbox"/> Ascitic fluid aspirated freely with a green needle. <input type="checkbox"/> Small incision with scalpel made. <input type="checkbox"/> Ascitic drain cannula inserted with the needle advanced only to the distance where ascitic fluid was obtained with the green needle. <input type="checkbox"/> Cannula needle stationary whilst plastic catheter advanced.	<b>Confirm clear instruction on the estimated time or amount of ascitic fluid drained before removal:</b> <input type="checkbox"/> Documented in the notes. <input type="checkbox"/> Staff nurses aware. <input type="checkbox"/> Medical staff available to review patient after 1 hour. <input type="checkbox"/> Medical personnel responsible for removal aware.
<b>Clinical setting:</b> <input type="checkbox"/> Medical Day Unit <input type="checkbox"/> Ward <b>Procedure performed in working hours:</b> <input type="checkbox"/> Yes <b>Medical personnel available for removal:</b> <input type="checkbox"/> Yes		
<b>Recent blood results:</b> <input type="checkbox"/> Platelets>50 <input type="checkbox"/> PT<25 Haematology consulted if abnormal <input type="checkbox"/> Yes <b>Need for platelet or FFP cover?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Recent imaging confirms ascites:</b> <input type="checkbox"/> Yes <b>Any evidence of organomegaly?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Previous abdominal surgery?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, confirm site marked by ultrasound: <input type="checkbox"/> Yes		
<b>Check consent:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision	<b>Confirm (post procedure):</b> <input type="checkbox"/> Needle and introducer have been removed. <input type="checkbox"/> Ascitic bag connected under low pressure. <input type="checkbox"/> Ascitic drain securely attached with sterile dressing. <input type="checkbox"/> Ascitic fluid draining freely. <input type="checkbox"/> No visible blood in the ascitic fluid. <p style="text-align: center;"><b><i>If blood visible, consider referral to senior colleague.</i></b></p>	<b>Confirm:</b> <input type="checkbox"/> Procedure recorded clearly in the notes. <input type="checkbox"/> If any investigations are required after the ascitic drain is removed (e.g. U&Es). <input type="checkbox"/> That the patient's diuretics are withheld for 2 days following the drainage of ascites.
<b>Does the patient have a known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<u><b>Signatures (print name)</b></u>  Operator: _____ Assistant: _____ Supervisor: _____	Specialty Documents 
<b>Confirm operator appropriately:</b> <input type="checkbox"/> Trained <b>OR</b> <input type="checkbox"/> Supervised		
<b>Confirm:</b> <input type="checkbox"/> All equipment available. <input type="checkbox"/> Safe drain insertion site. <input type="checkbox"/> Patient positioned appropriately.		
AFFIX BAR CODED PATIENT LABEL HERE	Date: _____ Time: _____ Location: _____	

# ASCITIC TAP/DRAIN INSERTION CHECKLIST

This LocSSIP applies to all ascitic drain insertions/taps undertaken on the Medical Assessment Unit, Ward 43, Critical Care or the Medical Day Unit.

## **Must-do procedural steps**

1. To ensure compliance with best practice:
  - a. CDDFT's ascitic drain insertion pathway and procedural checklist **must** be used.
  - b. The patient **must** be consented before procedure. If patient cannot give consent, a 'best interest' consent **must** be completed.
  - c. The *operator* **must** dispose of all sharps before leaving the procedural area.
  
2. To avoid complications and to minimise the risk of Spontaneous Bacterial Peritonitis (SBP):
  - a. Elective drains **must** be inserted and removed within 'normal' working hours (9 am to 5 pm) by a medical personnel trained in the procedure.
  - b. The skin **must** be cleaned effectively with 2% Chloraprep in 70% alcohol.
  - c. All drains **must** be removed after 6 hours.
  - d. Clear instruction **must** be written in the patient's notes and given to the nursing staff regarding the amount of ascitic fluid to be drained.
  - e. The input/output chart **must** be completed promptly.
  - f. 20% albumin **must** be ordered before the procedure and prescribed with clear instructions; administer albumin after completion of ascitic drain, 8 grams per litre of fluid removed. NOTE: 100 ml of 20% human albumin contains 20 grams albumin.

## Associated guidelines:

- Acute and Emergency Care Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.
- Guidance for trainees in Health Education North East for Large Volume Paracentesis.