



Therapeutic Paracentesis Outpatient Orders

Ultrasound Guided Paracentesis

Patient Name: _____

Allergies: _____

Date of Birth: _____

Height: _____

Weight: _____

☐ Schedule as Outpatient

Diagnosis: _____

DIAGNOSTIC TESTS

☐ Draw STAT (if not done 30 days prior to procedure): CBC with differential, CMP, PT/INR

☐ Send peritoneal fluid for: _____

PARAMETERS

Frequency : Daily _____ Weekly _____ Monthly _____ Next Due Date _____

Duration: ☐ Until Discontinued ☐ _____ Treatments ☐ Other _____

Removal of Limits (if necessary) Max Limit _____ Liters

MEDICATIONS (this section can be subdivided as necessary)

☐ Albumin 25%, _____ grams per _____ liters removed.

Indications for Albumin after Paracentesis

2009 AASLD Guidelines recommend albumin replacement after a large volume paracenteses if > 4-5 L are removed; 6-8 g/L of albumin (25% concentration) should be given.

Less than 5 Liters removed. No albumin.

Between 5-6.9 Liters removed administer albumin 25% - 50 grams

Between 7-9 Liters removed administer albumin 25% - 62.5 grams

Between 9.1-11 Liters removed administer albumin 25%-75 grams

Between 11.1-13 Liters removed administer albumin 25%-87.5 grams

Greater than 13 Liters removed administer albumin 25%-100 grams

PATIENT CARE

☐ Monitor vital signs on admission. Activity as tolerated. Establish IV access. After paracentesis if patient is stable and meets criteria, patient may be discharged.

☐ Additional Orders: _____

Ordering Physician Name

Contact Phone Number

Date

Time

Ordering Physician Signature