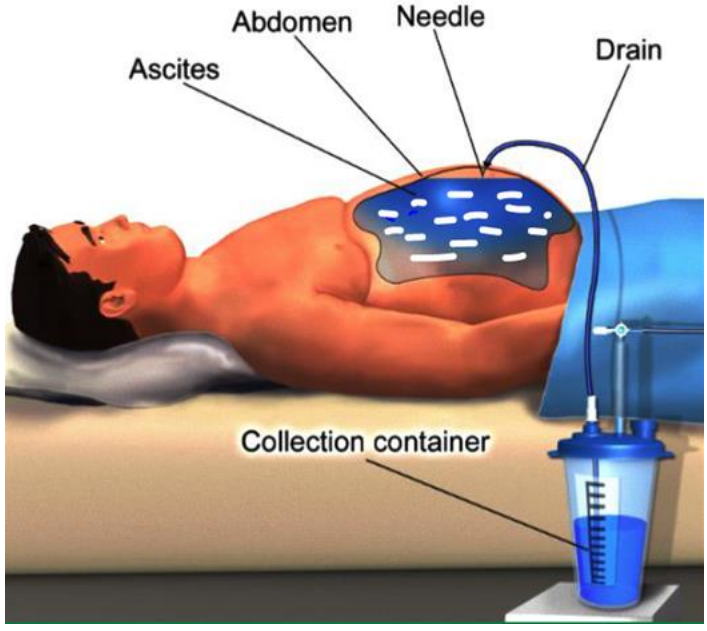
Abdominal Paracentesis



Ascitic Tap

Nursing Priority Actions & Management

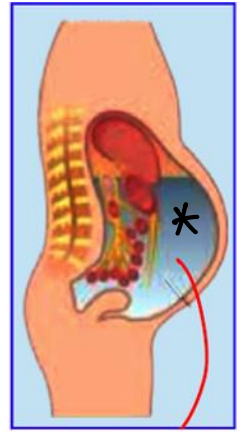
Abdominal Paracentesis

Normal fluid in peritoneal space = 0ml Q. Midcycle: < 10ml blood

Causes of ascites : free fluid in peritoneal space

1. CIRRHOSIS → albumin ↓ production → oncotic pressure ↓
2. TB
3. PERITONEAL CARCINOMATOSIS: SEROUS CYSTADENOCARCINOMA OVARY

[malignant Ascites ⇒ Ca ovary]



* PLEURAL fluid : (N): 5-15ml
* PERICARDIAL fluid : (N) : 20-50ml

4. Nephrotic syndrome : urinary loss of albumin ↓

Nursing assessment findings

1. Shifting dullness
2. Fluid Thrill
3. Sup. veins: Ant abdominal wall ++
4. Umbilicus EVERTED

Site for abdominal paracentesis

A. SUBUMBILICAL : 2.5 cm below Umbilicus

B. FLANKS (L)
2cm above & medial TO ASIS

2- Technique

Refractory (Massive) Ascites : max dose Spironolactone + Furosemide + Amiloride

* USG guided large volume Paracentesis
  c salt free albumin → mobilize of fluid back into intravascular compartment

Cirrhosis: aldosterone ↑ ADH ↑

Coagulopathy is not a Contraindication

Indications of Ascitic Tap

SERUM albumin – ascites gradient

1. New onset Ascites → SAAG, cytology
2. SBP : Spontaneous Bact. PERITONITIS: E.coli : Ascitic Tap m/e: 250 PMN Cells/cu.mm
3. Tense/massive ascites with SOB
4. Refractory Ascites

* Milky / Chylous Ascites ⇒ Filariasis

Pre procedure nursing interventions	Post procedure
Consent Vitals pulse: N BP: N	1. BP monitoring d/t hypovolemia * best Step to prevent hypotension Salt free albumin
* level of umbilicus Measure and document abdominal girth Pre and post	2. Electrolytes K↓
Position client with head end elevation and turn to side if possible	3. Check for mental status risk of Hepatic encephalopathy
Apply dry dressing	Check for flapping tremors (extend arm and dorsiflex hand/palm)
Measure the exact amount of fluid removed and record it	4. When to inform physician 1. If urine output decreases, BP↓↓ 2. Patient has hematuria
Label the samples and send to lab 1. Microscopy and gram stain with ZN stain 2. Culture (LJ media and CBNAAT) 3. Biochemistry: Sugar and proteins	* SAAG > 1.1 : Cirrhosis * SAAG < 1.1 : TB

Recurrent Refractory Ascites

T.I.P.S → Trans-jugular intra hepatic porto-systemic shunt