Adult Paracentesis

Pre-Paracentesis Requirements:
- All calls for paracentesis must be evaluated by MPT with ultrasound
  - Ultrasound must show greater than 3 cm zone of bowel free, fluid-filled area
- Lab parameters:
  - INR less than 2 and
  - Platelets greater than 20 K/microliter
- For anticipated high volume taps (greater than or equal to 4 liters):
  - Ordering attending must approve procedure
  - Patient must have a history of documented multiple high volume taps; otherwise recommend a repeat tap for the next day
  - Patient must receive post-procedure care to include transfusion of albumin

Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum Platelet Threshold</th>
<th>Threshold to Infuse Platelets during Procedure</th>
<th>INR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracentesis</td>
<td>20 K/microliter</td>
<td>10-20 K/microliter</td>
<td>2</td>
</tr>
</tbody>
</table>

Coagulopathy Threshold

Paracentesis Parameters:
- Anatomical site is limited to right lower quadrant (RLQ) and left lower quadrant (LLQ)
- The maximum amount of fluid removed is less than 4 liters
- Blood pressure must be assessed during procedure and reassessed after each liter of fluid removal. Abort procedure if SBP is less than 95 mmHg.
- Notify primary team and consider albumin transfusion for intra- and post-procedure hypotension (SBP less than 90 mmHg)
- Procedure must be logged in the MPT SharePoint log

Notify primary team and MPT for findings of site leak and bleeding

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Coagulopathy (INR greater than 2 and platelets less than 20 K/microliter)

If patient has tense ascites with warning signs of respiratory distress:
- Do not delay to correct coagulopathy
- Discuss with the on-call surgical fellow if the procedure’s benefit outweighs risk

Contact IR

Contact IR

Contact IR

Paracentesis parameters met?

Yes

No (procedure escalation required³)

Less than 3 cm zone identified on ultrasound

Site other than RLQ and LLQ, post-surgical scars, wounds, catheters or ostomies over procedure site

Contact IR

Contact IR

Contact IR

Provider identifies patient need for therapeutic paracentesis and pages MPT proceduralist via on-call calendar

Provider and on-call MPT proceduralist to discuss:
- Reason for procedure
- If the patient is hemodynamically stable¹
- Anticoagulation medication history²
- Completion of paracentesis order set

Pre-Paracentesis requirements:

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1 Heart rate greater than 65 bpm, SBP greater than 100 mmHg and oxygen saturation greater than 90% (unless decreased oxygen saturation due to ascites)
2 The Mobile Procedure Team (MPT) will determine anticoagulation hold times, if applicable. The Peri-Procedure Management of Anticoagulants algorithm may be utilized as well.
3 Procedure may not be completed by MPT and may require an alternate specialized provider to perform

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SUGGESTED READINGS


DEVELOPMENT CREDITS

This practice consensus statement is based on majority expert opinion of the Acute Care Services Department at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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