



PROCEDURE CHECKLIST

Ascitic drainage (paracentesis)

Needle aspiration of peritoneal fluid for diagnosis (diagnostic tap) or insertion of a drain to remove large volumes of ascites (therapeutic paracentesis).



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Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Ultrasound machine with a sterile probe cover
- ☐ Sterile gloves, gown, drapes and dressing pack
- ☐ Skin antiseptic (chlorhexidine in alcohol)
- ☐ Lidocaine 1% with 5 mL and 10 mL syringes, orange and green needles
- ☐ Diagnostic tap: 20 mL or 50 mL syringe with green needle
- ☐ Therapeutic: purpose-made paracentesis drain kit, scalpel, drainage bag and tubing
- ☐ Specimen bottles, blood culture bottles (aerobic and anaerobic)
- ☐ Sterile occlusive dressing
- ☐ Human albumin solution (for large-volume drainage), per local protocol

Before · Assessment and consent

- ☐ Confirm the indication: diagnostic tap, therapeutic drainage, or both
- ☐ Review blood results, including full blood count, clotting, renal function and electrolytes
- ☐ Do not routinely give fresh frozen plasma or platelets before paracentesis
- ☐ Explain the procedure, including risks of bleeding, infection, bowel injury and leakage, and obtain written consent
- ☐ Ask the patient to empty the bladder, or confirm the bladder is empty on ultrasound
- ☐ Place the patient supine, slightly tilted towards the side of the tap

Before · Site selection

- ☐ Scan the abdomen to confirm a deep fluid pocket free of bowel and organs
- ☐ Prefer the left lower quadrant, lateral to the rectus sheath
- ☐ Avoid the inferior epigastric vessels, which run within the rectus sheath; use colour Doppler if available
- ☐ **Do not insert through infected skin, scars, visible veins or a haematoma**
- ☐ Mark the site

During · Asepsis and anaesthesia

- ☐ Perform hand hygiene and put on sterile gown and gloves
- ☐ Clean the skin with chlorhexidine in alcohol and let it dry; drape the area
- ☐ Infiltrate lidocaine 1% into the skin and down to the peritoneum

- ☐ Confirm entry into ascites when fluid is aspirated during infiltration

During · Diagnostic tap

- ☐ Use a Z-track technique: pull the skin caudally before advancing the needle, then release it after withdrawal
- ☐ Advance the needle slowly while aspirating until fluid is obtained
- ☐ Aspirate enough fluid for all tests (commonly 20–60 mL)
- ☐ Inoculate aerobic and anaerobic blood culture bottles at the bedside
- ☐ Send fluid for cell count with differential, albumin, total protein, Gram stain and culture, and other tests as indicated (cytology, amylase)

During · Therapeutic drainage

- ☐ Make a small skin nick with the scalpel at the anaesthetised site
- ☐ Insert the drain using a Z-track technique, following the kit instructions, until ascites flows freely
- ☐ Advance the catheter off the introducer and remove the needle
- ☐ Connect the drain to the tubing and drainage bag and secure it with a sterile dressing
- ☐ Allow free drainage and monitor pulse and blood pressure during drainage
- ☐ Give human albumin solution when more than 5 L is drained
- ☐ **If the patient becomes hypotensive or unwell, stop the drainage and reassess**

After · Drain care and monitoring

- ☐ Remove the drain once drainage slows or the planned volume is reached, and within the time set by local protocol
- ☐ Apply a sterile occlusive dressing; ask the patient to lie on the opposite side for a period if the site leaks
- ☐ Monitor observations, renal function and electrolytes after large-volume drainage
- ☐ Review the ascitic fluid neutrophil count promptly
- ☐ Calculate the serum–ascites albumin gradient

After · Documentation

- ☐ Document the indication, consent, site, ultrasound use, volume and appearance of fluid, samples sent, albumin given and any complications
- ☐ Record the time of drain insertion and removal



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-ascitic-drainage · red rows are the steps that must not be missed