**UC/VA Internal Medicine Checklist for Paracentesis**

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| --- | --- | --- |
| Step | Yes | No |
| **Obtains informed Consent** |  |  |
| Attach cycling blood pressure cuff and heart monitor if large volume paracentesis is anticipated |  |  |
| Positions Patient appropriately (Supine with mild lateral decubitus, head of bed elevated) |  |  |
| Inspects abdominal wall (for scars, cellulitis, and collateral veins) |  |  |
| Percusses the abdomen (Notes tympany vs dullness) |  |  |
| Palpates the abdomen and selects site (Two fingerbreadths (3 cm) medial and two fingerbreadths (3 cm) cephalad to this landmark to anterior iliac spine) |  |  |
| **Confirms appropriateness of site using ultrasound verbalizing distance to peritoneal wall and nearest loop of bowel using a low frequency probe** |  |  |
| **Identifies ‘danger zones’ during ultrasound which include location of engorged veins and inferior epigastric arteries using a high frequency probe.** |  |  |
| Marks site with needle cap or sterile marker |  |  |
| Calls “time out” |  |  |
| **Washes hands with soap and water or hand sanitizer** |  |  |
| Operator gets in hat and mask and sterile gloves |  |  |
| **Area is cleaned with chlorhexidine (30 second scrub recommended)** |  |  |
| Area is draped in usual sterile fashion |  |  |
| Prepares lidocaine using Filter Needle |  |  |
| Attach Centesis Catheter to large Luer lock syringe. |  |  |
| Lidocaine is used to create a small wheal at access site |  |  |
| Anesthesia of deeper structures using Z technique (pulling the skin downward with one hand, while inserting the needle with the other hand) and aspiration prior to injection |  |  |
| Transitions to longer needle if no fluid obtained OR fluid obtained during anesthesia |  |  |
| Small nick of superficial skin to width of centesis catheter |  |  |
| Using Z technique Advances Centesis Catheter complex into peritoneum while continuously aspirating. |  |  |
| Once peritoneal fluid is observed in catheter provider immediately stops advancing needle complex |  |  |
| **Advances only Centesis Catheter (not needle) into peritoneal cavity using non-dominant hand until it is flush with the skin** |  |  |
| Withdraws needle from needle complex. |  |  |
| Obtains appropriate fluid for analysis |  |  |
| Connect tubing to appropriate drainage system |  |  |
| Low flow paracentesis troubleshooting (slowly reposition patient, manual abdominal manipulation, manipulation of centesis catheter) OR no flow issues during procedure |  |  |
| Withdraws catheter when drainage stops |  |  |
| Places dressing |  |  |
| **Albumin given if >5L of fluid removed** |  |  |
| **Maintain sterile technique** |  |  |
|  | | |
| **Total score:** |  | |
| **Minimum passing correct:** | 24 | |
| **Total possible correct:** | 31 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How well do you trust the resident to perform the above procedure? | | | | |
| Resident cannot perform the procedure even with supervision (Critical Deficiency) | Resident can perform the procedure under DIRECT supervision | Resident can perform the procedure under INDIRECT supervision | Resident can perform this procedure with NO supervision | Resident can act as an instructor/supervisor for this procedure (Aspirational) |
|  |  |  |  |  |

**Bold signifies critical elements of the procedure that is checked a ‘no’, procedure failure will automatically result**

*Italics signifies elements of the procedure that subject will have to verbalize rather than perform if done in the sim lab*