**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 |

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| --- |
| 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*