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|  **WHO Surgical Safety Checklist** **(LocSSIP)** **for Ascitic Drain** **Insertion**

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| **SIGN IN*****To be completed by the individual******conducting the procedure prior to scrubbing*** | **TIME OUT*****To be completed at the******appropriate time before/after the procedure*** | **SIGN OUT*****To be completed before******anyone leaves the procedural area*** |
| Indication: 🞎 Chronic liver disease 🞎 Malignancy 🞎 Other**\**Drains for malignant ascites should normally be inserted under US guidance and HAS is not usually required****.***Pre-Procedural Preparation:**Tense/symptomatic ascites: Yes ☐ No ☐ (if no, do not proceed) Shifting dullness: Yes ☐ No ☐ (if no, proceed only with USS) Albumin cover required:🞎 Yes 🡪 ensure albumin ordered/available 🞎 No **Imaging reviewed:** 🞎 YesAny evidence of organomegaly? 🞎 No 🞎 YesSafe site of drain insertion:🞎 Left 🞎 Right 🞎 Either**Recent blood results:**Malignancy, on anticoagulants or IR guided drain:🞎 Platelets >50 🞎 INR <1.5Cirrhosis:🞎 Platelets >30 🞎 INR <2.5***\*If outside these parameters discuss with senior*****Not on anticoagulants:** 🞎 **Check renal function:** 🞎 (if AKI or Na+ <125 discuss with senior)**Check consent:** 🞎 Form 1 🞎 Form 4**Relevant allergies:**🞎 None 🞎 Yes, specify:**Confirm operator appropriately:**🞎 Trained **OR** 🞎 SupervisedClinical Supervisor (if present):  | To reduce the risk of complications, elective drains should be inserted within ‘normal’ working hours (9 am to 5 pm)***\*Drains insertion out of hours should be discussed with Medical SPR or above*****Confirm:**🞎 Correct patient identified 🞎 Cannula inserted for albumin🞎 Kit list checked🞎 Safe drain insertion site identified🞎 Patient positioned appropriately🞎 Skin cleaned with Chloraprep🞎 Sterile drapes in place🞎 Skin infiltration with lidocaine 1% 🞎 2% 🞎 \_\_\_\_\_\_\_ mls🞎 Ascitic fluid aspirated freely with a green needle***\*If unable to aspirate ascitic fluid after a maximum of 3 attempts STOP and DO NOT PROCEED WITH DRAIN***🞎 Ascitic drain cannula inserted with needle advanced only to the distance where ascitic fluid was obtained with green needle.***\*If 2 failed attempts STOP and discuss with senior/consider US guided drain***🞎 Ascitic bag connected under low pressure🞎 Ascitic drain securely attached with sterile dressings🞎 Leave on free drainage **FOR MAXIMUM OF 6 HOURS**  | 🞎 **Operator counts and disposes of all sharps safely**🞎 Specimens labelled correctlyAll: WCC (purple top), MC&S (BC Bottles), Protein (white top)1st presentation ascites add: 🞎 Albumin 🞎 LDH 🞎 Cytology🞎 Albumin prescribed (100 mls 20% HAS over 30 min for **EVERY 2.5 litres** drained)🞎 Analgesia prescribed🞎 Inform lab of sample and ensure WCC is chased urgently unless patient already on antibiotics for SBP🞎 Suspend patient’s diuretics for 24-48 hours**Document post procedure in patient’s notes:**🞎 Site of drain insertion 🞎 Left 🞎 Right 🞎 Comment on colour of ascitic fluid 🞎 Staff nurses aware of drain insertion🞎 Monitor observations hourly🞎 Plan for drain removal🞎 Monitor drain output and give HAS as prescribed**Confirm:**🞎 Procedure recorded clearly in notes.Remove drain at:­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_ (unless stops draining earlier - see nursing notes page 2) Remove drain after: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ litres drained**(*WHICHEVER COMES FIRST*)*****\* SFT standard policy is to drain to dryness or max 6hrs – volume should only be limited on advice of senior*** |

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| **Kit list for Ascitic drain:*** Dressing trolley, apron and sharps bin
* Sterile drape
* Sterile dressing pack
* Sterile gloves
* 2 x Chloraprep sponges
* Local anaesthetic: 5 mls 1% or 2% Lidocaine
* 10 mls syringe
* Needles - drawing up (x1), orange (25G) (x1), green (21G) (x1)
* Scalpel
* 20ml Syringe (x1)
* Paracentesis drain kit
* Cannula dressings
* Urinary catheter bag (or similar) and stand
* Specimen containers (white top)
* Purple tube
* Blood culture bottles
 | **Ascitic Drain Nursing care plan*** Record observations on POET hourly + check drain site and tube for kinks
* Record hourly drain output on the fluid balance chart
* HAS 100mls 20% to be given for every 2.5 litres drained
* Record time of drain removal, total volume of fluid drained and total volume of 20% HAS given
* Drain should **never** be clamped unless patient becomes haemodynamically unstable, develops severe abdominal pain or drains frank blood
* If not draining for 1hr, check tube not kinked, ask patient to roll in bed or walk if able. If still no drainage after further 30 min remove drain
* A drain inserted on the ward does not require specific training to remove - pull out and apply sterile dressing
* **A drain inserted by interventional radiology requires training on removal technique – discuss with senior nurse/doctor if unsure**
 | **Time of drain removal:****Total volume ascites drained:****Total volume HAS given:** **Pre-drain weight:****Post drain weight:** |
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|  | Baseline | Hour 1 | Hour 2 | Hour 3 | Hour 4 | Hour 5 | Hour 6 |
| Time |  |  |  |  |  |  |  |
| Drain output/hour |  |  |  |  |  |  |  |
| Cumulative drain output |  |  |  |  |  |  |  |

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| **PATIENT LABEL HERE** |  | **Drain inserted by:**Name:  Bleep: Designation:Signature: Date: Time:  |

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