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| **WHO Surgical Safety Checklist** **(LocSSIP)** **for Ascitic Drain** **Insertion**   |  |  |  | | --- | --- | --- | | **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:** 🞎 Yes  Any evidence of organomegaly? 🞎 No 🞎 Yes  Safe site of drain insertion:🞎 Left 🞎 Right 🞎 Either  **Recent blood results:** Malignancy, on anticoagulants or IR guided drain:🞎 Platelets >50 🞎 INR <1.5 Cirrhosis:🞎 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** 🞎 Supervised  Clinical 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 correctly  All: 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*** |      |  |  |  |  | | --- | --- | --- | --- | | **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:** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Baseline | Hour 1 | Hour 2 | Hour 3 | Hour 4 | Hour 5 | Hour 6 | | Time |  |  |  |  |  |  |  | | Drain output/hour |  |  |  |  |  |  |  | | Cumulative drain output |  |  |  |  |  |  |  | | | | | **PATIENT LABEL HERE** |  | **Drain inserted by:**  Name:    Bleep: Designation:  Signature: Date: Time: | | |

