



PARACENTESIS OUTPATIENT ORDERS

Patient Name: _____ DOB: _____

Height: _____ Weight: _____ (kg) Allergies: _____

Diagnosis:

(ICD-10 Code): _____

- Admit to Outpatient
- Monitoring
 - Vital signs at initiation of albumin treatment, then 15 minutes after initiation and at the completion of albumin infusion
 - If patient is on any anticoagulants, monitor for signs and symptoms of bleeding post-procedure
- Ultrasound guided paracentesis: _____ once _____ every _____ weeks
 - Collect fluid for analysis and send for the following:

_____ Cell count w/ differential	_____ Culture and Sensitivity	_____ Gram Stain
_____ Protein	_____ Albumin	_____ Cytology
_____ Amylase	_____ Triglycerides	_____ Other: _____

Albumin Orders

- **Administer Albumin 25% if greater than _____ liters of fluid removed. Doses to be calculated on TOTAL VOLUME of fluid removed.**
- Choose One:
 - _____ Albumin 5 gm per liter removed IV x 1 dose. Infuse at a rate of 1-2 ml/min.
 - _____ Albumin 6 gm per liter removed IV x 1 dose. Infuse at a rate of 1-2 ml/min.
 - _____ Albumin 8 gm per liter removed IV x 1 dose. Infuse at rate of 1-2 ml/min.
 - _____ Albumin 50 gm IV x 1 dose. Infuse at rate of 1-2 ml/min

IV Line Care:

- Normal Saline 10 ml IV flush after each use
- For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing

Discharge when infusion complete

New MD order required every 6 months unless defined in original order

Physician's signature _____ Date _____ Time _____

****To be completed following the procedure by nurse or physician****

- **Indicate liters of fluid removed: _____ liters removed Initials: _____ Date/Time: _____**



Patient: «Full_Name»; DOB: «Birth_Date»
Physician: «Attending_Physician_Last_Name», «Attending_Physician_First_Name» «Attending_Physician_Middle_Init»
Visit ID: «Visit_ID»