

- Facilities:**
- Ascension St. Vincent's Riverside
 - Ascension St. Vincent's Southside
 - Ascension St. Vincent's Clay County
 - Ascension St. Johns County

AFFIX PATIENT LABEL

**RAD Paracentesis Post-Procedure
Non Categorized**

Last Revision Date
 2023/11

Admit/Transfer/Discharge

Vital Signs

- Vital Signs
- T;N once post procedure, then per protocol.
- Procedural Site Check
- Once following procedure.
- Call Provider for the following:
- Contact radiologist for any unstable vital signs, changes in patient's symptoms, or procedural site complications.

Activity

- Activity
- Progress as tolerated, patient may resume pre procedure activity now.

Diet

- Diets
- Resume diet after procedure.

Medications

Analgesics

LINKED CONTENT: Adult Multimodal Acute Pain without TAG NATL

Antiemetics

- ondansetron
 - 4 mg inj IV slow push once PRN nausea
- promethazine
 - 12.5 mg inj IV slow push once PRN nausea for pt's < 65 yo; Decrease to 6.25mg for patients age >= 65 years. If zofran also ordered, use zofran first

Laboratory

- Cell Count w/Diff Body Fluid
 - Ascites Fluid T;N Routine once
- Body Fluid Culture
 - Ascites Fluid T;N Routine once
- Fungal Culture
 - Ascites Fluid T;N Routine once
- Acid Fast Bacilli Culture and Smear
 - Ascites Fluid T;N Routine once
- pH Body Fluid
 - Ascites Fluid T;N Routine once
- Albumin Level Body Fluid
 - Ascites Fluid T;N Routine once

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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- Lactate Dehydrogenase Body Fluid
 - Ascites Fluid T;N Routine once
- Glucose Body Fluid
 - Ascites Fluid T;N Routine once
- Protein Body Fluid
 - Ascites Fluid T;N Routine once
- Amylase Body Fluid
 - Ascites Fluid T;N Routine once
- Body Fluid Lipase
 - Ascites Fluid T;N Routine once
- Body Fluid Bilirubin, Total
 - Ascites Fluid T;N Routine once
- Cholesterol Body Fluid
 - Ascites Fluid T;N Routine once
- Body Fluid Triglycerides
 - Ascites Fluid T;N Routine once
- Creatinine Body Fluid
 - Ascites Fluid T;N Routine once
- Pathology Non-Gyn Request
 - T;N Collected : Yes Routine RT
- Body Fluid Flow Cytometry
 - Body Fluid, Other T;N Routine once

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____

