



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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| Department: | Pediatric Intensive Care Unit (PICU) | | |
| Document: | Departmental Policy and Procedure | | |
| Title: | Abdominal Paracentesis in Pediatric Patient | | |
| Applies To: | All Pediatric Intensive Care Unit Staff | | |
| Preparation Date: | January 12, 2025 | Index No: | PICU-DPP-017 |
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1. PURPOSE:

- 1.1 To obtain a specimen of abdominal fluid for diagnostic purposes.
- 1.2 To relieve intra-abdominal pressure.
- 1.3 To introduce medication into the peritoneal cavity e.g. cytotoxic therapy for malignant disease.

2. DEFINITIONS:

- 2.1 **Abdominal Paracentesis** – is the removal of fluid from the peritoneal cavity through a sterile cannula or needle. Sometimes medication may be introduced into the peritoneal cavity by the same route.

3. POLICY:

- 3.1 To be performed by a physician assisted by a nurse under strict aseptic technique.
- 3.2 Consent must be signed by parents.

4. PROCEDURE:

- 4.1 Preparatory Phase:
 - 4.1.1 Explain the procedure to the patient.
 - 4.1.2 Record the patient's vital signs.
 - 4.1.3 Have the patient void before treatment will begin. Make sure that consent form has been signed.
 - 4.1.4 Position patient in Fowler's position with his back, arms, and feet supported.
 - 4.1.5 Drape patient with sheet exposing abdomen.
- 4.2 Performance Phase:
 - 4.2.1 Assist in preparing skin with antiseptic solution.
 - 4.2.2 Open sterile tray and package of sterile gloves; provide anesthetic solution.
 - 4.2.3 Make sure that collection bottle and tubing is available.
 - 4.2.4 Assess pulse and respiratory status frequently during procedure; watch for pallor, cyanosis or syncope (faintness).
 - 4.2.5 Physician administers local anesthesia and introduces needle or trocar.
 - 4.2.6 Needle or trocar is connected to tubing and vacuum bottle or syringe; fluid is slowly drained from peritoneal cavity.
 - 4.2.7 Apply dressing when needle is withdrawn.
 - 4.2.8 Usually a dressing is sufficient; however, if the trocar wound appears large, the physician may close the incision with sutures.
- 4.3 Follow – up Phase:
 - 4.3.1 Assist patient to a comfortable position after treatment.
 - 4.3.2 Record amount and characteristics of fluid removed, number of specimens sent to laboratory, and patient's condition during treatment.
 - 4.3.3 Check blood pressure and vital signs every 1/2 hour for 2 hours, every hour for 4 hours and every 4 hours for 24 hours.

- 4.3.4 Watch for leakage or scrotal edema after paracentesis.
- 4.3.5 Documentation of procedure.

5. MATERIALS AND EQUIPMENT:

- 5.1 Ultrasound Machine
- 5.2 Gauge 24 or 25 Catheter over a Needle (e.g. Angiocath)
- 5.3 5ml or 10ml Syringe
- 5.4 Skin Topical Disinfectant
- 5.5 Sterile Towels
- 5.6 Tubes for Culture, Gram Stain and Cell Count
- 5.7 Tuberculin Syringe
- 5.8 Lidocaine (1%) Injection

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Kingdom of Saudi Arabia, Ministry of Health Baish General Hospital, 2018.

9. APPROVAL:

| | Name | Title | Signature | Date |
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