

Title: Abdominal Paracentesis (drainage) in the Community Setting	
Reference no: 1825 Version:3 Standard Operating Procedure (SOP)	
Prepared by: Tina Mitchell: Community Clinical Skills facilitator	
Presented to: Care & Clinical	Date: 24.10.12
Ratified by: Care & Clinical	Date: 24.10.152
	Review date: 26.10.2017
Relating to policies: <ul style="list-style-type: none"> · TSDFT Infection Control Policies · Plymouth Community Healthcare (PCH) Guidance for pleural and peritoneal drainage · Royal Devon & Exeter (RD&E) Hospital Guidance for pleural & peritoneal drainage · Torbay and Southern Devon Foundation Trust (TSDFT) Guidance for pleural and peritoneal drainage · TSDFT Clinical Guideline for the Assessment of Clinical Competence in Registered Nurses · TSDFT Consent Policy Department Of Health (DOH) Consent Form <i>4 Adults who are unable to consent to investigation or treatment</i>	

1. P

urpose of this document:

Definition: "Abdominal Paracentesis is a technique used to drain a pathological collection of ascetic fluid from the abdomen". (Campbell 2001) cited by The Royal Marsden (2011) page 493.

Therapeutic paracentesis is performed to relieve the discomfort associated with this condition.

2. Scope of this SOP: - Who does it relate too and who it is aimed at.

Qualified Community Nurses, within Torbay and South Devon Foundation Trust

3. Competencies required:

Staff undertaking this procedure must:

- Attend a study day provided by TSDFT
- Undertake supervised practice
- Be assessed as competent, using validated assessment criteria, by an experienced practitioner who undertakes the skill regularly (i.e. at least on a 12 weekly basis)
- Be identified as competent to practice by their Line Manager

- Keep documented evidence of competence

4. Procedure / Steps:

Patients covered:

Adult Patients, over the age of 18, under the care of TSDFT.

Exclusions:

- Children under 18 years
- Bank and Agency Nurses unless trained by TSDFT for client specific care

Training Guidelines:

- Training for this skill will primarily be client specific to facilitate discharge from a local District General Hospital (DGH) therefore staff must be compliant with the TSDFT Clinical Guideline for the Assessment of Clinical Competence
- Staff should contact the Clinical Skills Facilitator for training, if they are aware of a client being discharged with a pleural or peritoneal drain in situ.
- Each individual practitioner holds responsibility to ensure they maintain their clinical competence in this skill.
- All practitioners who have had a prolonged period of absence e.g. maternity leave, should attend a training update before undertaking the skill again.
- All practitioners, undertaking this skill regularly, must attend a training update every 3 years.

Training Objectives:

- To improve the client's quality of Life
- To relieve breathlessness and pain
- To minimise the risk of infection
- To drain peritoneal fluid as directed by the hospital
- To prevent hospital admissions
- To maintain communication between primary and secondary care.

Guidelines for Assessors:

Assessors should satisfy themselves that:

- The practitioner understands the anatomical and theoretical aspects of paracentesis
- The practitioner adheres to the procedural guidelines
- That the Community TSDFT validated assessment book/criteria is used to assess competence.

Assessors must ensure that the learner has completed and is familiar with:

- Gaining informed consent
- Appropriate checking of the patients' details and request form.
- Appropriate preparation of equipment
- Aseptic technique
- Trouble-shooting/Gaining emergency assistance
- Documentation

Equipment:

- **Aprons**
- **Gloves**

Drainage Procedure Pack: *Rocket™ or Pleurex™ Drainage systems.*

- *Exeter use Pleurex drains, BioteQ™ abdominal drainage bags, with pleureX lockable drainage lines, and Pleurex valve caps*
- *Clients from Plymouth and Torbay DGH will have Rocket™ Drainage systems - The valves are not compatible with Pleurex*
- **Drainage Record documentation**

The Community Nurse/Community Hospital Nurse should review hospital discharge guidance prior to commencing procedure

The Community Nurse/Community Hospital Nurse, must stay with the patient during drainage

N,B: There are comprehensive procedure guidelines in all the drainage packs. All drainage kits are single-use, and must be disposed of as per local clinical waste guidelines

Procedure:

Action	Rationale
Obtain informed consent or demonstrate and record that the nurse is acting in the patient's best interests. Explain the benefits, risks, side effects and complications.	To ensure the patient is giving current, procedure specific informed consent as per Trust Policy To ensure you are acting in the patients best interests if they cannot give verbal or written consent, as in the DOH Consent guidance
Community Nurses MUST stay with the patient until drainage stops, or 2 litres of fluid has been drained. The drainage may need to be slowed if the patient has too much discomfort	To maintain patient safety, and observe for complications.

Maintain the patient's privacy and dignity	To ensure the client is relaxed and not compromised during the procedure
Ensure the patient has been given analgesia if prescribed	To reduce pain or discomfort during the procedure
Set up a clean, clear workspace on a table or trolley	To reduce the risk of infection
Thoroughly wash your hands, and put on disposable apron and gloves	To reduce the risk of infection
Remove the patient's dressing from over the catheter, and observe for swelling, redness or fluid around the exit site. Take swabs and contact a Dr if necessary	To ensure prompt treatment is administered where infection, or drainage catheter displacement is suspected
Remove gloves and wash your hands again	To reduce the risk of infection
Open all packaging using aseptic no-touch technique	To reduce the risk of infection
Open the sterile dressing pack, and place the vacuum bottle or free-drainage bag nearby,	To reduce the risk of infection
Uncoil the drainage line, and place the access tip onto the sterile field.	To reduce the risk of infection
Put on your sterile gloves	To reduce the risk of infection
Open the valve cap pouch and drop the valve onto the sterile field.	To reduce the risk of infection
Tear open the alcohol wipes, or chloraprep™ sponges, and leave them on the edge of sterile field	To reduce the risk of infection
Ensure the clamp on the drainage line is completely closed	To prevent leakage from the abdomen before the drainage bottle or bag is attached.
Remove the catheter cap and discard into your clinical waste bag	To reduce the risk of infection
Clean around the catheter valve opening with your first alcohol wipe	To reduce the risk of infection
N.B Never clean inside the valve	This will damage the valve

Make sure the patient is sitting, or lying supported by pillows	For patient safety and comfort during the procedure
Insert the access tip on the end of the drainage line into the valve as per manufacturers' instructions	To ensure there is a closed system for drainage
Vacuum Bottles: Remove the support clip from the top of the bottle and push down T plunger into the bottle cap, release the clamp on the line to start draining	To start the vacuum and ensure there is a closed system for drainage
Free Draining Bags: Place the bag on the floor, or bed, and release the clamp on the line to begin draining	To start drainage procedure using gravity
The Maximum amount of fluid which should be drained from the abdomen is 2 litres(2000mls)	Over drainage can result in hypovolaemic shock and other serious complications
The patient may experience some discomfort, or drainage may be rapid, if so, slow the drainage down using the clamp on the line	To reduce discomfort To prevent complications
If the patient has prolonged pain or severe discomfort, contact the GP, Dr, or discharging ward	Severe pain can be caused by infection or catheter positional complications
When the drainage has stopped, 2 litres have been drained, or it is stopped due to patient discomfort, clamp off. Disconnect the drainage line by rotating it anti-clockwise, and slowly pulling the access tip out of the valve	To ensure vacuum from the bottle is stopped or To ensure drainage into the bag is stopped
Clean the outside of valve with an alco wipe	To prevent infection
Apply the new catheter valve cap and rotate it clockwise until it clicks into position	To ensure the catheter is covered and remains sterile
Clean around the exit site on the patient's abdomen with a new alcohol wipe.	To prevent infection

Place the foam catheter pad around the catheter siter, loop the drainage tube around on top of the foam, and cover with gauze	To prevent infection, or displacement of the catheter
Open sterile clear dressing and apply it to the abdomen, over the gauze pads.	To prevent infection and keep the site clean and dry.
Dispose all equipment and old dressings into a clinical waste bag, and arrange collection/disposal as per Trust guidelines	To prevent cross infection
Remove apron and gloves. Wash hands	To prevent infection
Complete documentation, and record volume drained, on relevant drainage diary.	To maintain patient safety, and highlight any problems with drainage diary.
Ensure the patient is comfortable and safe to leave	To maintain patient safety, and prevent complications post procedure
Community Nurses need to liaise with the hospital team regularly	To ensure the care plan is followed, and treatment revised as necessary.

Monitoring tool

Standards:

Item	%	Exceptions
How will monitoring be carried out?	Assessment in practice	
When will monitoring be carried out?	3 yearly training updates	
Who will monitor compliance with this guideline?	Clinical Skills Facilitator and senior staff/leads	

References:

The Royal Marsden Hospital Manual of Clinical Nursing Procedures: 8th Edition (2011)
Chapter 9. Pages 493 – 499

www.ukmedical.com/pleurex

www.rocketmedical.com

NICE Medical Technology Guidance 9 (March 2012)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
2	review	11/11/2014	No changes required	T.Mitchell
3	review	26/10/2015	Logo and Trust altered	T.Mitchell

Strategies, Policies, Procedures and Guidelines Ratification Sheet

Document Title		Abdominal Paracentesis (Drainage) in the Community Setting	
Document Author:		Tina Mitchell	
Responsible Directorate:		Education/Professional Practice	
Justification of need for Document:		To ensure therapeutic paracentesis is performed to relieve the discomfort associated with this condition	
Key document issues; including information on any areas of disagreement and how these were resolved:		How to use the vacuum and free flowing drainage equipment correctly. Training and SOP agreed by Lee Merry, Lead Oncology Nurse Specialist	
Is there a fit with National Policy or supports legislation? if so please state:		Yes <input type="checkbox"/> DOH Consent Policy TSDFT Guidance for Pleural and Peritoneal Drainage	
Link to CQC Outcomes		Yes	
Impact on User / Staff		Safe practice for both	
Consultation Route: -Identity group, committees, patients, service users, dates of meeting when consulted		Reviewed by: Community Nurse leads, Community Hospital Matrons, Oncology Specialist Nurses. October 2015	
Are all elements of the document in place to ensure it is fully operational		Yes <input type="checkbox"/>	
Action still required to ensure fully operational			
Action Timescale		Lead	
Financial Implications linked with document: Has financial Support been granted/by whom		Contracts with Drainage Companies agreed via TSDFT Procurement	
Describe the training package that will underpin this document.		Theory, power point, Pleurex™ and Rocket™ DVD's of the process, hands-on practical sessions assembling the drainage equipment	
Identify who has agreed Training and other Resources:		Education and Professional practice	
Has an Equality Impact Assessment been done		Yes <input type="checkbox"/>	
If yes, has it been forwarded to the Equality & Diversity Lead		Yes <input type="checkbox"/> <input type="checkbox"/>	
Who will monitor and initiate review of document?		Tina Mitchell	
How will the document be distributed and implement?		Via the intranet and Trust internet	
Presented for ratification to:	<i>Care and Clinical Policies.</i>	Date of meeting when ratified:	October 2015
When Ratified: Note: It is the responsibility of Document Author to forward this completed ratification sheet and the ratified document to the Information Governance Team, rfi.torbay@nhs.net, who will arrange for it to be added to the database and uploaded on the website/iCare.			
Date Ratification Sheet Received			
Added to Database		Uploaded to Website	

