RETU Large Volume Paracentesis Clinical Pathway

Decision to initiate LVP pathway made by Liver Fellow

Procedure to be initiated by Liver Fellow / Liver House Staff

Monitoring and completion of LVP to be performed by RETU Provider*

During LVP clinic OPEN hours:

LVP pathway will only be initiated if LVP clinic cannot accommodate the patient

• During LVP clinic CLOSED hours:

Decision whether LVP clinic can accommodate will be made by liver fellow - patient can wait in RETU overnight. In the AM, patient will be discharged from RETU and sent to Admitting to await LVP clinic.

RETU Pathway

Exam Focus	Initial Testing	Monitoring	Consults
• Abdominal	 If clinical suspicion for SBP, diagnostic tap to be performed in ED. Confirm negative results prior to RETU transfer. 	As per LVP protocol	Liver medicine

RETU Treatment

- Consent to be obtained by Liver Fellow / Liver Housestaff
- LVP Supplies provided by Liver Fellow / Liver Housestaff
- Liver Fellow to initiate procedure. RETU provider to monitor patient, and remove drain when appropriate according to protocol.
- Albumin 25% Recommend 1 bottle / 2L ascetic fluid removed for patients
 - # of Liters removed and Albumin administration to be determined by Liver Fellow / Housestaff and carried out by RETU provider
- Nurse to perform q30 min vital sign documentation
- Document start and end time of procedure & albumin administration (as needed)
- Document total volume drained
- Laboratory analysis of fluid: Cell count and Differential

Disposition Guidelines

Discharge from RETU

- Symptoms resolved or greatly improved
- Vital signs normalized
- DC planning / Liver follow up

Admission to Hospital

- Symptoms worsening or failing to improve
- Hemodynamic instability or unable to tolerate paracentesis
- Fluid results positive for SBP