



fraserhealth

# Regional Pre-Printed Orders for Tunneled Abdominal Catheter for Paracentesis Management



Form ID: DRDO107320A

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DRUG & FOOD ALLERGIES

- **Mandatory**     **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

**PleurX™**     **A SEPT®**

Date of Referral: _____	Referring Physician: _____
Diagnosis: _____	Goal of therapy: <input type="checkbox"/> Palliative (symptom management) <input type="checkbox"/> Other: _____
Allergies: _____	
Has the GP/NP been notified that patient has a tunneled paracentesis catheter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client's ascites as a result of a malignancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have chylous ascites? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost is only covered for palliative intervention. For non-palliative rationale, cost is the responsibility of client. Has there been a discussion about how the client will order/pay for their supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insertion Date: _____	Date of last drainage: _____
Location: <input type="checkbox"/> Right <input type="checkbox"/> Left	Amount of last drainage: _____ Characteristics of drainage: _____
<b>Tunneled Paracentesis, Catheter Management Orders:</b>	
Date of next drainage: _____	<input type="checkbox"/> Indications to slow or stop drainage: _____ _____
Drainage frequency: <input type="checkbox"/> 1 x weekly and pm <input type="checkbox"/> 2 x weekly and pm <input type="checkbox"/> 3 x weekly and pm <input type="checkbox"/> daily	
Maximum amount to drain: 2000 mL per day	
Suture removal date: Entry site: _____ Exit site: _____	Contact responsible physician if: • Catheter is blocked • Catheter breaks • Catheter has migrated
<b>Other:</b> _____ _____	
<b>Contact Information:</b>	
Responsible Physician: _____ Day-Time number: _____ After-Hours Number: _____	

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#