



Practice Assessment Tool: TOH Paracentesis

Date: \_\_\_\_\_ Start Time (enters room): \_\_\_\_\_ End time (walks out): \_\_\_\_\_

Patient MRN: \_\_\_\_\_

Individual(s) performing paracentesis (initials): \_\_\_\_\_

Level of training: Staff                      Fellow                      Resident (year)

Ultrasound technologist: \_\_\_\_\_

Introduced themselves to patient: Yes / No

Consent:

Bleeding Risk	Risk of infection	Risk of damage to nearby structures	Risk of death/transfusion	Asked if pt has questions
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Asked about allergies	Asked about blood thinners	Blood work present? INR/Pit	Checked blood work (can be during procedural pause)	Signed form
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Pre-Procedural Pause: Yes/No

Ultrasound guidance: Used for identification of fluid: Yes/No

Colour used to check for presence/absence of vessels at intended puncture site: Yes/No

Skin marked: Yes/No

(ask tech after) Fluid present: Yes/No                      Small /moderate /large amount

Procedure performed Yes/No

Local anesthesia: Yes/No

How many vials of anesthesia 1, 2                      Bicarbonate: Yes/No

Is anesthesia given under ultrasound visualization: Yes/No

Sequence of anesthesia and prep VS prep then anesthesia

Paper drape (white) vs cloth drape (green) vs no drape

Used ultrasound probe to guide insertion of catheter: Yes/No

Used ultrasound to check for post-procedure complication (hematoma, bleed)

-Grayscale Yes/No

-Colour Yes/No

Cleaned skin prior to procedure: Yes / No

Sterile Gloves: Yes / No

Mask: Yes/No

Sterile technique used: Yes / No Details:

Samples sent (if diagnostic para was requested) Yes/No

Post-Procedure orders and requisitions (if applicable) completed Yes/No

Complications: Yes / No Bleeding Pain Hypotension Other:

Details:

If yes: try to time how much time the complication took

Disposed of sharps in sharps container: yes / no

Dressing placed: By radiologist/resident By technologist By nurse

Glue used: Yes / No

Other details:

Give patient Visual Analog Scale Sheet

## **Audit Title**

Paracentesis Practice Assessment

## **Descriptor**

Implementation of mandated protocols and reduction in peri-procedural variabilities.

## **Background**

Need for implementation of recently mandated preprocedural pause paracenteses procedures. Identification and reduction in peri-procedural variabilities. Determination of length of procedure.

## **The Cycle**

### **The standard:**

All radiologists performing paracenteses should perform a preprocedural pause. Assessment of peri-procedural variabilities through the use of standardized form, which can be found in resources.

### **Target:**

100% performance of preprocedural pause

## **Assess local practice**

### **Indicators:**

The performance of preprocedural pauses as well as adherence to the peri-procedural protocol for all paracenteses.

### **Data items to be collected:**

The completion of the standardized form (see resources) should be performed for each paracentesis.

### **Suggested number:**

All paracenteses within a predefined time period (3 months)

## **Intervention:**

Distribute results of individual performance based on practice assessment to each radiologist. Distribution of anonymized group means to department, emphasizing areas which require attention.

**Resources:**

Standardized paracentesis form. Involvement of one member of department to carry out and organize practice assessment.