Pocket Full of Sunshine: Paracentesis in the ED

Author: Anthony DeVivo, DO (EM Resident Physician, Mount Sinai St. Luke’s-West)
Edited by: Alex Koyfman, MD (@EMHighAK); Brit Long, MD (@long_brit); and Manpreet Singh, MD (@MprizzleER)

✓ Rapid Procedure Review – Therapeutic Paracentesis

1. Position patient supine with the bed elevated to 45 degrees
2. Assess anatomical landmarks, locate a fluid pocket using ultrasound, and mark the skin
3. Prepare paracentesis kit at bedside, ensuring all necessary equipment including collecting tubes and lidocaine are at the bedside
4. Anesthetize down to the peritoneum
5. Using the “Z-track” method, insert needle and catheter into fluid pocket
6. Once fluid is aspirated, advance catheter and retract needle.
7. Aspirate fluid for laboratory analysis
8. Attach three-way stopcock and drainage tubing, and begin therapeutic fluid removal
9. Once adequate fluid has been drained, remove catheter, apply pressure, and bandage the procedure site

✓ Rapid Procedure Review – Rapid Diagnostic Paracentesis

1. Position patient supine with the bed elevated to 45 degrees
2. Assess anatomical landmarks, locate a fluid pocket using ultrasound, and mark the skin
3. Anesthetize down to the peritoneum
4. Using the “Z-track” method, insert a 1.8-2” angiocatheter (20g or less) into the fluid pocket
5. Once ascitic fluid “flash” is obtained, advance the angiocatheter and then remove needle
6. Collect ascitic fluid specimen
7. Once adequate specimen has been obtained, remove the angiocatheter, apply pressure, and bandage the procedure site

Looking for more detailed information on procedural steps, indications, contraindications, pearls, and pitfalls?
➔ If so, scan this QR code to get linked to the emDOCs.net article.