Drainage of Malignant Ascites- Oncology Clinical Guideline – Derby Sites Only

Reference no.: CG-ONCOL/2024/023 V2.0.0

Outpatient with clinical or radiological evidence of malignant ascites.

Clinic Dr to request USS drainage.

Document rapid drainage Y/N (see below guidance for details)

Requires Admission?

NO

Patient not requiring admission other than for drain (not clinically unwell).

Liaise with ACP/Dr on CTAU (Combined triage assessment unit) for patient to attend for clerking & consent.

YES

If patient unwell & requires admission – CNS/clinic DR/ nurse to contact the bed manager for direct admission to Oncology or EPU*

If no bed available liaise with CTAU for initial management if capacity allows

ACP / Dr / CNS will:

Confirm drain date following d/w Radiology.

Review anti coagulation status and advise patient as per Radiology guidelines (on NET-i)

Arrange blood tests (clotting, FBC, U&E, LFT)

Arrange bed for admission.

ACP/Dr.

Clerk & consent patient and confirm if for Rapid drainage-Y/N

Confirm patient has TCI information & anti-coagulation instructions as appropriate.

On day of procedure/admission, ward team to confirm blood tests within range, regular medications prescribed and instructions for rate of drainage are followed (rapid Y/N).

***EPU Elective Procedure Unit**. Mon-Sat 12pm. Use TCI form available from EPU. They can liaise with radiology & contact patient when to attend. Oncology to provide instructions of drainage rate , eg option 1 or 2, send copy of this pathway). If documented will discharge + TTO's/ DN referral. Usually 1 day notice required.

University Hospitals of Derby & Burton NHS Foundation Trust

Patient Addressograph

Drainage of Malignant Ascites – Derby sites only

Consultant _____

Date_____**Time** _____

Pre Procedure Care / Checklist	
Ensure patient has been clerked and consented and option 1 or 2 for drainage has been agreed and documented	
Please indicate which option	**Option 1** ☐ **Option 2** ☐
• **INR should be 2.0 or below** **Current INR** _____ **Date** _____	
• **Check if any treatment anti coagulation has been stopped *and patient is not neutropenic,**	☐
• **Record baseline systolic trigger BP (a drop of > 40mmHg than baseline or < 90mmHg).** **Trigger systolic** _____	☐
• **Patient will require a cannula and theatre gown**	☐
***See radiology guidelines on NET-i (Coagulation and Clotting Range - Interventional Radiology).**	
Record current weight. _____	
Checklist Completed by	
Print Name_____**Signature**_____ **Designation**_____ **Date**____/__/_____	

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Care Following Drain Insertion.

Option 1 Rapid Drainage. (Exceptions to rapid drainage include; significant cardiac history, known hypotension or associated with previous paracentesis, dehydration, frail/ cachexia, other concurrent presentations requiring a hospitalisation).

- Observations taken every 15 minutes for the first hour, then hourly providing the patient remains stable and does not feel unwell.
- The drain should be unclamped and allowed to drain up to 1 litre an hour, to a maximum of 8 litres in 24 hrs. Patients should remain on bed rest & escorted when mobilising. Encourage oral fluids.
- Keep a strict fluid balance record, clearly showing what has been emptied from the drain .
- ✓ If systolic BP drops below baseline trigger and or <90mmHg, patient is symptomatic (Dizzy/light headed, or otherwise unwell), clamp drain for 30 minutes, repeat observations and unclamp when systolic >90mmHg/ above trigger and or patient's symptoms have resolved.
- ✓ The catheter can be removed once distension & symptoms have resolved and agreed with the medical/ ACP team. The patient doesn't have to be drained dry.
- The drain should be removed by the Dr/ ACP /nurse using an aseptic technique. The site should be dressed and may require a stoma drainage bag over.
- The patient should be monitored for a minimum of 1 hour post drain removal, assessed that they can mobilise safely and vital signs returned to baseline. Providing they remain well and have someone with them overnight they can be discharged home.
- Record weight.

Option 2. Patients not suitable for rapid drainage.

- Observations taken every 15 minutes for the first hour, then hourly providing the patient remains stable and does not feel unwell.
- The drain should be unclamped and allowed to drain up to 1 litre an hour, clamp for 1 hour after each litre drained a maximum of 5 litres in 24 hours.
- Patients should remain on bed rest & escorted when mobilising. Encourage oral fluids.
- Keep a strict fluid balance record, clearly showing what has been emptied from the drain
- ✓ If systolic BP drops below baseline trigger and or <90mmHg, or patient is symptomatic (Dizzy/light headed), clamp drain for 30 minutes, repeat observations and unclamp if systolic >90mmHg/ trigger and or patient's symptoms have resolved.
- ✓ The catheter can be removed once distension & symptoms have resolved and agreed with the medical/ ACP team. The patient doesn't have to be drained dry.
- The drain should be removed by the Dr/ ACP /nurse using an aseptic technique. The site should be dressed and may require a stoma drainage bag over.
- Record weight.

References: Hill, S. (2013) Developing a nurse led day-case, abdominal paracentesis service. *Cancer Nursing Practice.* (12) no 5. 14-20.

Specialist Gynaecology Cancer MDT Operational Policy 2018-19. UHDB.

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Document Controls

<table>
<tr><td>Reference Number

CG-ONCOL/2024/023</td><td colspan="2">Version:

2.0.0</td><td>Status

Final</td><td>Author: Alison Henry
Job Title: Oncology Advanced Clinical Practitioner</td></tr>
<tr><td rowspan="3">Version / Amendment History</td><td>Version</td><td>Date</td><td>Author</td><td>Reason</td></tr>
<tr><td>1.0.0</td><td>Nov 2020</td><td>Alison Henry</td><td>New Clinical Guideline</td></tr>
<tr><td>2.0.0</td><td>July 2024</td><td></td><td>Reviewed, and amendment from CTU to CTAU</td></tr>
<tr><td colspan="5">Intended Recipients: This is to be used only in Oncology and not intended for the wider hospital.</td></tr>
<tr><td colspan="5">Training and Dissemination: How will you implement the Clinical Guideline, cascade the information and address training</td></tr>
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Sharron Thomas, 10/03/2021 (Clinical Documentation Final Approval Group)</td></tr>
<tr><td colspan="2">Divisional Sign Off</td><td colspan="3">Group: CDCS
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<tr><td colspan="2">Contact for Review</td><td colspan="3">Alison Henry</td></tr>
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