

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.

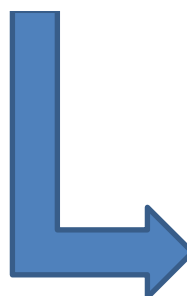
Document rapid drainage Y/N (see below guidance for details)

Requires Admission?

NO



YES



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.



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

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Consultant _____

Date _____ Time _____

Pre Procedure Care / Checklist	
<p>Ensure patient has been clerked and consented and option 1 or 2 for drainage has been agreed and documented</p> <p>Please indicate which option</p> <div style="display: flex; justify-content: space-between;"> Option 1 <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Option 2 <input type="checkbox"/> </div>	
<ul style="list-style-type: none"> • INR should be 2.0 or below <div style="text-align: right; margin-right: 50px;">Current INR _____</div> <div style="text-align: right; margin-right: 50px;">Date _____</div> 	
<ul style="list-style-type: none"> • Check if any treatment anti coagulation has been stopped *and patient is not neutropenic, <input type="checkbox"/> 	
<ul style="list-style-type: none"> • Record baseline systolic trigger BP (a drop of > 40mmHg than baseline or < 90mmHg). <input type="checkbox"/> <div style="text-align: right; margin-right: 50px;">Trigger systolic _____</div>	
<ul style="list-style-type: none"> • Patient will require a cannula and theatre gown <input type="checkbox"/> 	
<p>*See radiology guidelines on NET-i (Coagulation and Clotting Range - Interventional Radiology).</p>	
<p>Record current weight. _____</p>	
Checklist Completed by	
<p>Print Name _____ Signature _____</p>	
<p>Designation _____ Date ____/____/____</p>	

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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

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Version / Amendment History	Version	Date	Author	Reason
	1.0.0	Nov 2020	Alison Henry	New Clinical Guideline
	2.0.0	July 2024		Reviewed, and amendment from CTU to CTAU
Intended Recipients: This is to be used only in Oncology and not intended for the wider hospital.				
Training and Dissemination: How will you implement the Clinical Guideline, cascade the information and address training				
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Business Unit Sign Off			Group: Cancer Management Group Date: 6/11/2020 Sharron Thomas, 10/03/2021 (Clinical Documentation Final Approval Group)	
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Review Date			July 2027	
Contact for Review			Alison Henry	