

## Request for Day Case Paracentesis – EGAU

Surname:	Hospital number:
Forename:	NHS No:
Date of Birth	
Address:	
Postcode:	

Specimens required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cytology (60mls)	<input type="checkbox"/>
Biochemistry/ Protein	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>

Reason for Paracentesis	
Diagnostic	<input type="checkbox"/>
Palliative symptom relief	<input type="checkbox"/>

Anticoagulation	Drug:	Dose:	Date stopped: / /
<b>Blood tests</b>	FBC <input type="checkbox"/>	Clotting <input type="checkbox"/>	U&E <input type="checkbox"/>
Comments:			



**History:**

Requesting Clinician: ..... Date: ...../...../.....

**Medical/Nursing Outcome:**

Total Ascites drained: ...../Litres

Specimens collected: .....

Name ..... Signature..... Date...../...../.....

**Key amendments to this Document:**

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
29 <sup>th</sup> December 2023	Document extended for 6mths whilst under review to 29 <sup>th</sup> June 2024	Alex Blackwell
20 <sup>th</sup> August 2024	Document extended for 6mths whilst under review to 20 <sup>th</sup> February 2025	Alex Blackwell