



Initial orders:

- CBC
- BMP
- LFT
- PT-INR
- Lipase
- UA

Patient with ascites due to cirrhosis and concern for spontaneous bacterial peritonitis

Vitals, H&P

Consider imaging or surgery consult

Unstable VS

Resuscitate

Peritoneal signs

Indications for paracentesis:

- Fever
- Abdominal pain
- Vomiting or diarrhea
- Hypotension
- AMS
- New or worsening ascites
- Hospital admission

Indications for Paracentesis

No

Manage non-urgent medical complaints

Yes

- Assess with U/S
- Obtain [ascitic fluid](#)
- Bedside culture

PMN >250 cells/mm³

Yes

No

- Rocephin 1G q8H
- Blood and urine cultures

Symptoms of infection?

No

Consider discharge
if reliable follow up available

Yes

- Give IV albumin if:**
- Cr>1
 - Serum bili >4
 - BUN>30

Empiric antibiotic therapy

Admit

Ascitic fluid:

- Cell count
- Culture plus stain
- Protein
- Albumin
- Glucose
- LDH
- pH
- Amylase
- Bilirubin (tt dark)

Subtract 1 PMN for every 250 RBC