

STANDARDIZED PROCEDURE

JOINT ASPIRATION (Adult, Peds)

I. Definition

This procedure is indicated to draw off excess fluid in a joint and relieve pressure or to aspirate a specimen of fluid from a joint for laboratory tests when a joint may appear infected or instill analgesic for pain management.

The purpose of this standardized procedure is to allow the AHP to safely conduct the procedure of aspirating the joint or treating joint inflammation.

II. Background Information

A. Setting:

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications:

1. Swelling (i.e. effusion) or suspicion of joint infection.
2. MD or designee declares that the aspiration should be done for the above reasons or when medically indicated.

D. Diagnosis:

1. Effusion
2. infection
3. inflammatory pain

E. Precautions: The insertion site should be carefully inspected before the aspiration for signs of skin contamination. Correct landmarks for the joint to be aspirated will be reviewed by the AHP.

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III. Materials

The following materials will be required;

1. Sterile gloves
2. Skin prep solution (alcohol and povidone iodine)
3. 4x4 gauze
4. 10 ml syringe with 22 gauge 1 ½ inch needle
5. Collection tubes for lab
6. Band-Aids or dressings
7. Appropriate lab slips

IV. Aspiration Procedure

A. Pretreatment evaluation: Indication for the aspiration will be determined by the AHP collaboratively with an attending physician or designee along with the inspection of the aspiration site. Working collaboratively, the necessity of the procedure will be determined along with the expected outcomes of the procedure and the treatment plan.

B. Set-up: gather all necessary materials.

C. Patient preparation

1. Inform the patient of the treatment plan.
2. Position the patient in a comfortable position that gives adequate access to the site to be aspirated.

D. Procedure

1. Remove clothing from the area to be aspirated.
2. Identify the area to be aspirated.
3. In a sterile fashion, prepare the area to be aspirated with the povidone iodine and alcohol.
4. Instill appropriate local anesthetic.
5. Aspirate either the excess fluid or the specimen.
6. Apply pressure to the site with gauze for at least 30 seconds or until bleeding stops.
7. Dress the site or apply a band-aid.

E. Post-procedure

1. Record the procedure, outcome and plan in the progress notes.
2. Forward any specimens to the lab

F. Follow-up treatment

Instruct the patient on wound care as needed, and on the signs and symptoms of infection

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V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of joint aspiration
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Consent process (if applicable)
 - e. Steps in performing the procedure
 - f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under direct supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without supervision.
5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must

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again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY

Revised May 2012 by Subcommittee of the Committee for Interdisciplinary Practice

Reviewed May 2012 by the Committee on Interdisciplinary Practice

Prior revision October 2008

Approved May 2012 by the Executive Medical Board and the Governance Advisory Council.

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