Physician Orders ADULT

Order Set: Lumbar Puncture per Radiology WO Injection Pre Proc Orders

<table>
<thead>
<tr>
<th>[R] = will be ordered</th>
<th>T= Today; N = Now (date and time ordered)</th>
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<tr>
<td>Height: _____ cm</td>
<td>Weight: _____ kg</td>
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**Allergies:**

- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

**Vital Signs**

- [ ] Vital Signs: T+1;0600, Monitor and Record T,P,R,BP, on admission

**Food/Nutrition**

- [ ] NPO: Start at: T+1;0001, NPO except for medications Instructions: PATIENT MAY TAKE BLOOD PRESSURE MEDICATIONS ONLY PRIOR TO LUMBAR PUNCTURE PROCEDURE, NPO after midnight prior to lumbar puncture.

**Patient Care**

- [ ] Intermittent Needle Therapy Insert/Sit T+1;0600, q4day, if IV not already present
- [ ] Consent Signed For: T+1;0600, Procedure: Lumbar Puncture
- [ ] Transport Patient: T+1;0600, Special Instructions: via stretcher on call to Radiology for Lumbar Puncture
- [ ] Nursing Communication: T;N, Prior to lumbar puncture procedure do not allow patient to have Insulin, Oral Hypoglycemics, Aspirin, Clopidogrel, Warfarin, bivalirudin, argatroban, lepirudin, drotrecogin alfa, fondaparinux

**Medications**

- [ ] morPHINE: 5 mg, Injection, IM, N/A, Routine, T;N, (1 dose), 1 hour prior to lumbar procedure
- [ ] glycopyrrolate: 0.2 mg, Injection, IM, OnCall, Routine, T;N, (1 dose), 1 hour prior to lumbar procedure

**Laboratory**

- [ ] CBC w/o Diff: Routine, T+1;0400, once, Blood
- [ ] Prothrombin Time (PT/INR): Routine, T+1;0400, once, Blood
- [ ] Partial Thromboplastin Time (PTT): Routine, T+1;0400, once, Blood
- [ ] Cell Count & Diff CSF (CSF Cell Count & Diff): Routine, T+1;0600, once, CSF, Nurse Collect, Tube #3
  - Body Fluid Profile: Routine, T+1;0600, once, CSF, Nurse Collect, Tube #3
  - Protein CSF: Routine, T+1;0600, once, CSF, Nurse Collect, Tube #1
  - Glucose CSF: Routine, T+1;0600, once, CSF, Nurse Collect, Tube #1
  - Gram Stain: Routine, T+1;0600, once, CSF, Nurse Collect, Tube #2
  - CSF Culture and Gram Stain: Routine, T+1;0600, once, CSF, Nurse Collect, Tube #2

**Diagnostic Tests**

**NOTE:** Must designate "Radiology MD to perform" or "Neuro MD to perform" in order comment when placing lumbar puncture order below.

- [ ] Fluoro less than or equal to 1HR: T+1;0600, Reason: _____________________________ Routine, Stretcher, MD to perform: _____________________________

**Date**    **Time**    **Physician's Signature**    **MD Number**