



Physician Orders ADULT: Lumbar Puncture per Radiology w Injection Pre Proc Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: Lumbar Puncture Radiology w Inj Pre Proc Plan, When to Initiate: _____

Lumbar Puncture Radiology w Inj Pre Proc

Non Categorized

NOTE: This order set is NOT for MYELOGRAM(NOTE)*

Vital Signs

- ☒ Vital Signs

T+1;0700, Monitor and Record T,P,R,BP, on admission

Food/Nutrition

- ☒ NPO

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

Patient Care

- ☒ INT Insert/Site Care

T+1;0700, q4day, If IV not already present

- ☒ Transport Patient

T+1;0700, Special Instructions: via stretcher on call to Radiology for Lumbar Puncture

- ☒ Consent Signed For

T+1;0700, Procedure: Lumbar Puncture

Nursing Communication

- ☒ Nursing Communication

Prior to lumbar procedure do not allow patient to have insulin, oral hypoglycemic, antiplatelet and anticoagulants. Refer to drug information resource for guidance on time recommended to hold medication prior to procedure

Medications

- ☐ **+1 Hours** morphine

5 mg, Injection, IM, N/A, Routine, (for 1 dose), give 1 hour prior to Radiology Lumbar Puncture

- ☐ **+1 Hours** glycopyrrolate

0.2 mg, Injection, IM, N/A, Routine, (for 1 dose), give 1 hour prior to Radiology Lumbar Puncture

Laboratory

- ☒ Hct

Routine, T+1;0400, once, Type: Blood

- ☒ Platelet Count

Routine, T+1;0400, once, Type: Blood

- ☐ PTT





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Routine, T+1;0400, once, Type: Blood

NOTE: If patient has taken Warfarin within past 5 days - place order for PT/INR below(NOTE)*

☐ PT/INR

Routine, T+1;0400, once, Type: Blood

Diagnostic Tests

NOTE: Must order Fluoro <= 1 hour and CSF Image Cisternography for a Cisternogram(NOTE)*

☐ Fluoro <= 1HR

T+1;0800, Routine, Stretcher

☐ CSF Imag Cisternography

T+1;0800, Routine, Stretcher

NOTE: Only order procedure below for Intrathecal Injection(NOTE)*

☐ Fluoro Spine DxTher Inj w Neurolytic Ag

T+1;0800, Routine, Stretcher

Consults/Notifications/Referrals

☒ Notify Physician-Continuing

Notify: Physician in Diagnostic Radiology, Notify For: Bleeding from puncture site, hematoma, swelling, rash, headache, alteration in vital signs, nausea, vomiting, or increase in procedural related pain., T+1;0600

Date

Time

Physician's Signature

MD Number

***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

