



**Physician Orders ADULT: Lumbar Puncture Per Radiology wo Inj Pre Proc Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- ☒ Initiate Powerplan Phase  
*Phase: Lumbar Puncture per Radiology wo Injection Pre Proc Phase, When to Initiate: \_\_\_\_\_*

**Lumbar Puncture Pre Radiology wo Inj Pre Proc Phase**

**Vital Signs**

- ☒ Vital Signs  
*T+1;0600, 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;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**

- ☒ 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 ), 1 hour prior to lumbar procedure*
- ☐ **+1 Hours** glycopyrrolate  
*0.2 mg, Injection, IM, N/A, Routine, (for 1 dose ), 1 hour prior to lumbar procedure*

**Laboratory**

- ☐ CBC w/o Diff  
*Routine, T+1;0400, once, Type: Blood*
- ☐ PT/INR  
*Routine, T+1;0400, once, Type: Blood*
- ☐ PTT  
*Routine, T+1;0600, once, Type: Blood*
- ☐ CSF Cell Count & Diff  
*Routine, T+1;0600, once, Type: CSF, Nurse Collect*





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*Comments: Tube #3*

- ☐ Body Fluid Profile  
*Routine, T+1;0600, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect*  
*Comments: Tube #3*
- ☐ Protein CSF  
*Routine, T+1;0600, once, Type: CSF, Nurse Collect*  
*Comments: Tube #1*
- ☐ Glucose CSF  
*Routine, T+1;0600, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect*  
*Comments: Tube #1*
- ☐ Gram Stain  
*Routine, T+1;0600, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect*  
*Comments: Tube #2*
- ☐ CSF Culture and Gram Stain  
*Routine, T+1;0600, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect*  
*Comments: Tube #2*

**Diagnostic Tests**

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

- ☒ Fluoro <= 1HR  
*T+1;0600, Routine, Stretcher*  
*Comments: MD to perform*

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

