Physician Orders ADULT Lumbar Puncture Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase

Lumbar Puncture Phase
Vital Signs
☐ Vital Signs

Activity
☐ Keep Flat

Patient Care
☐ Lumbar Puncture Setup To Bedside
☐ Consent Signed For

Nursing Communication
☐ Nursing Communication

Laboratory
☐ Glucose CSF
Routine, T;N, Type: CSF
Comments: Tube #1

☐ Protein CSF
Routine, T;N, Type: CSF
Comments: Tube #1

☐ CSF Profile
Routine, T;N, Type: CSF
Comments: Tube #4

☐ Cell Count & Diff CSF
Routine, T;N, Type: CSF
Comments: Tube #3

☐ Culture, CSF and Gram Stain
Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF)
Comments: Tube #2

☐ Hold Specimen
Routine, T;N, Type: CSF
Comments: Tube #3

☐ Culture, AFB with Smear
Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF)
Comments: Tube #2

☐ Culture, Fungus
Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF)
Comments: Tube #2

☐ Borrelia burgdorferi (Lyme) CSF IgG/IgM
Routine, T;N, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect, Collection Comment: #2

☐ West Nile Virus Ab (IgG, IgM) CSF
Routine, T;N, Type: Cerebrospinal Fluid(CSF)
Comments: Tube #2

☐ MS Profile CSF
Routine, T;N, Type: Cerebrospinal Fluid(CSF)
Comments: Tube #2
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☐ Myelin Basic Protein CSF  
  *Routine, T;N, Type: CSF*  
  *Comments: Tube #2*

☐ Flow Cytometry (Tissue or Fluid)  
  *Routine, T;N, Type: Fluid*  
  *Comments: Tube #3*

☐ Cryptococcal Antigen CSF  
  *Routine, T;N, Type: CSF*  
  *Comments: Tube #3*

☐ VDRL CSF  
  *Routine, T;N, Type: CSF*  
  *Comments: Tube #3*

☐ Herpes Simplex Virus CSF by PCR  
  *Routine, T;N, Type: CSF*  
  *Comments: Tube #3*

☐ Mycobacteria PCR Non-Respiratory  
  *Routine, T;N, Type: Cerebrospinal Fluid(CSF)*  
  *Comments: Tube #3*

☐ Enterovirus by RT-PCR CSF  
  *Routine, T;N, Type: CSF*  
  *Comments: Tube #3*

☐ PT/INR  
  *Routine, T;N, Type: Blood*

☐ PTT  
  *Routine, T;N, Type: Blood*

☐ Glucose Level  
  *Routine, T;N, Type: Blood*

☐ Total Protein  
  *Routine, T;N, Type: Blood*

**Diagnostic Tests**  
☐ Interventional Radiologist Consult  
  *T;N, Reason for Exam: Other, Enter in Comments*  
  *Comments: Fluoroscopy Guided Lumbar Puncture. Radiology to send fluid from procedure to lab unless otherwise specified by physician.*

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**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