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

*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 $\leq$ 1 hour and CSF Image Cisternography for a Cisternogram (NOTE)*

☐ Fluoro $\leq$ 1HR
  *Routine, T+1;0800, Stretcher*

☐ CSF Imag Cisternography
  *Routine, T+1;0800, Stretcher*

☐ Fluoro Spine DxTher Inj w Neurolytic Ag
  *Routine, T+1;0800, 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

*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

Date ___________________ Time _________________ Physician’s Signature ______________________________________ MD Number ___________________