



attach patient label here

Physician Orders ADULT
Order Set: ED Lumbar Puncture Procedure Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Patient Care		
<input type="checkbox"/>	Consent Signed For	Procedure: Lumbar Puncture
<input type="checkbox"/>	Nursing Communication	Lumbar Puncture tray setup to bedside
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	Stat,q4day
<input type="checkbox"/>	Nursing Communication	keep patient supine for 1 hr post lumbar puncture
NOTE: If patient is known diabetic, place bedside glucose order below		
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	Stat, once
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, STAT, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL,IV,STAT,T;N,75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (Sodium chloride 0.45% with D5W)	1,000 mL,IV,STAT,T;N,75 mL/hr
Medications		
<input type="checkbox"/>	LORazepam	1 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	midazolam	5mg,Injection, IV Push, once, STAT: T;N
<input type="checkbox"/>	HYDRomorphone	1 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	morPHINE	2 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	ondansetron	4 mg,Injection,IV Push,once,STAT,T;N
<input type="checkbox"/>	ED – Sedation Procedure Orders	
Laboratory		
<input type="checkbox"/>	CSF Cell Count & Diff	STAT, T;N, once, Type: CSF, Nurse Collect, Collection Comment: tube 1
<input type="checkbox"/>	Glucose CSF	STAT, T;N, once, Type: CSF, Nurse Collect, Collection Comment: tube 2
<input type="checkbox"/>	Protein CSF	STAT, T;N, once, Type: CSF, Nurse Collect, Collection Comment: tube 2
<input type="checkbox"/>	CSF Culture and Gram Stain	STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect, Collection Comment: tube 3
<input type="checkbox"/>	Hold Specimen (Specimen Hold)	STAT, T;N, once, Type: CSF, Nurse Collect, Collection Comment: Tube 4-hold for spec. study

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

