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 ____________________

*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