

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

ED Lumbar Puncture

Version 2 1/21/16

- Order for procedure
- Specific Procedure: Lumbar Puncture
- Date of Procedure: _____
- Time of Procedure: _____

Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology

Nursing Orders

- Lumbar Puncture Tray to bedside
- Point of Care: Capillary Blood Glucose once prior to procedure

Medications

- lidocaine 1% 2 mL PF vial
- 1 milliliter subcutaneously once as needed procedure

Laboratory

Labs to be obtained now:

- Glucose, serum, random

Cerebrospinal Fluid Studies Tube One

- CSF GLUCOSE
- CSF PROTEIN

Cerebrospinal Fluid Studies Tube Two

- CULTURE, FLUID AND GRAM STAIN

Cerebrospinal Fluid Studies Tube Three

- FLUID CELL COUNT WITH DIFF Fluid Source: Cerebrospinal

Cerebrospinal Fluid Specialty Studies Tube Four

- Tube 4 will be held for additional studies if none are ordered now
 - VIRAL CULTURE, NON-RESPIRATORY
 - CULTURE, FUNGAL MIC Source: CSF
 - MENINGITIS PANEL by PCR MIC Source: CSF
 - FLUID, HERPES SIMPLEX VIRUS PCR MIC Source: CSF
 - LATEX, CRYPTOCOCCAL ANTIGEN MIC Source: CSF
 - CULTURE, AFB AND SMEAR MIC Source: CSF
 - CMV BY PCR (NON-BLOOD SAMPLES)
 - VARICELLA-ZOSTER BY PCR MIC Source: CSF
 - CSF VDRL
 - JC VIRUS BY PCR, CSF
 - CSF LACTIC ACID
 - PYRUVATE, CSF
 - WEST NILE VIRUS BY RT-PCR

Interventional Radiology

- IR Miscellaneous Reason for exam: _____ Additional Instructions _____

Specific Procedure Requested: Lumbar Puncture

Provider Signature: _____ Date: _____ Time: _____