

HOSPITAL REGULATION: The signature of physician must accompany all orders.
<input type="checkbox"/> NKA: NO KNOWN ALLERGIES ALLERGIES:
<i>Instructions: Any order with a check mark will be ordered. If there is a checked order that you DO NOT want, please strike through the order. All orders with a blank check box WILL NOT be ordered unless marked with a check.</i>

Select Lumbar Puncture Procedure (CHOOSE ONE)

- Lumbar Puncture Therapeutic
- Lumbar Puncture Diagnostic; **Reason for exam** _____
 - Is the patient on any anticoagulants / blood thinners? If yes (specify) _____
 - Does the patient have any history of allergic reaction during injection of intravenous contrast? Yes No
 - Is there a known history of diabetes, renal insufficiency, or kidney disease? Yes No
 - *Process Instructions*
 A current H&P must be on file and dated within 30 days of procedure.
 If the patient has a contrast allergy, the patient will need to be pre-medicated. If there are questions regarding pre-medication, please contact the Interventional Radiology department.
 Blood Thinners should be stopped prior to the exam. Radiologist recommendations are as follows:
 Aggrenox: hold 4 days Argatroban: hold 4 hours Arixtra: hold 4 days Aspirin: hold 4 days
 Brilinta: hold 5 days Coumadin (Warfarin): hold for 4-5 days Effient: hold 48 to 72 hours
 Eliquis: hold 48 hours Intigrellin: hold for 8 hours Plavix: hold 7 days Pradaxa: hold 72 hours
 Ticlid: hold for 14 days Xarelto: hold 72 hours
 Heparin Drip: hold 12 hours in organ biopsy and 2-4 hours for less invasive procedures
 Lovenox: hold 12 hours for thromboprophylaxis protocol and 24 hours for use in treatment of DVT and PE

Nursing: Activity

- Bed rest for 2 hours post lumbar puncture procedure; Every shift
- Ambulate patient; Every shift

Routine Labs

- CBC w/ Auto Differential; Once
- Protine-INR; Once
- APTT; Once

Cerebralspinal Fluid Studies

CSF Studies Tube 1

- CSF Chemistries
- Glucose, CSF
- Lactic acid, CSF
- Lactate dehydrogenase (LDH), body fluid
- Body Fluid CEA
- C-reactive protein
- HCG, tumor maker
- IgG

CSF Studies Tube 2

- CSF cell count with differential
- Angiotensin converting enzyme
- Paraneoplastic Autoantibody Evaluation

CSF Studies Tube 3

- Body fluid culture
- AFB stain
- Anaerobic culture
- Gram stain
- Fungal culture
- Cryptococcal antigen, CSF

CSF Studies Tube 4

- Miscellaneous Fluid Cytology
- Multiple Sclerosis Panel
- Mycobacterium tuberculosis PCR
- Myelin Base Protein, CSF
- VDRL, CSF Reflex to Titer
- CSF cell count with differential

Date:	Time:	Doctor's Signature:	Dictation ID #
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NGMC PHYSICIAN ORDER # 304240096 (9/25/2017)



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CSF Studies Tube 5

- | | |
|---|---|
| <input type="checkbox"/> AFP tumor marker | <input type="checkbox"/> B. burgdorferi antibodies, CSF |
| <input type="checkbox"/> Coccidioides Molecular Detection, PCR | <input type="checkbox"/> Toxoplasma Gondii by PCR |
| <input type="checkbox"/> Cytomegalovirus Molecular Detection, PCR | <input type="checkbox"/> Varicella-Zoster by PCR |
| <input type="checkbox"/> Encephalitis Panel by PCR | <input type="checkbox"/> Virus culture |
| <input type="checkbox"/> Epstein-Barr Virus by PCR | <input type="checkbox"/> West Nile Virus, Molecular Detection PCR |
| <input type="checkbox"/> Enterovirus, Molecular Detection, PCR | <input type="checkbox"/> Leukemia/Lymphoma w/Reflex |
| <input type="checkbox"/> HSV PCR | |

Creutzfeldt-Jakob Disease (CJD) orders

- Inpatient Consult to Neurology
To consult MD(s) _____ ; Reason for Consult _____
- Inpatient Consult to Infectious Diseases
To consult MD(s) _____ ; Reason for Consult _____
- Notify Infection Control – LP ordered with CJD test
- Notify Radiologist – CJD being ruled out on patient
- Creutzfeldt-Jakob Disease

Other Orders/Comments:

Date:	Time:	Doctor's Signature:	Dictation ID #
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**NEURO LUMBAR PUNCTURE
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