

Lumbar Puncture (updated 2/14/22)

Preparation

1. **Examine** patient's anatomy to ensure you are able to perform the procedure safely.
2. **Identify Assistant**
 1. If possible coordinate with one of our group's LPN/MA to assist during the procedure.
 2. If LPN/MA are not available, recruit an RN, CNA, or another resident to assist you. Verify with this person that they are familiar with how to hold the baby and have done so before. If no one with experience holding for an LP is available review your needs and expectations with this person prior to performing the procedure and verify that the holder is comfortable to proceed. Discuss with the charge nurse for the floor to identify the best person for this task. If you are having difficulty with this, contact the on-call attending.
 3. NOTE: *If on nights it is preferable that one resident is performing the LP while the other resident is available to answer phone calls and respond to patient care needs. Try to avoid both wards residents being involved in the procedure at the same time.
3. **Procedure consent:** Must be signed and dated on day of procedure. Witness can be any clinical personnel not performing the procedure. Signature must be witnessed; verbal consent does not need to be witnessed. Provider signature should match name of performing provider on the consent form.
4. **Orders:**
 1. If you choose to use EMLA, order it immediately. Mark the location of injection with a skin marker. Discuss directly with RN where you would like EMLA placed. EMLA should be placed approx. 45 minutes prior to injection.
 2. Place order for procedure in Epic – type in Lumbar puncture and choose the order under “procedures”.
 3. Place orders for CSF in Epic – type in lumbar puncture and choose CSF labs under “order sets”. There may be additional orders that you want which are not included in the set.
5. **Materials** to be gathered by resident well before performing procedure if LPN not available to assist
 1. Lumbar puncture tray – the packaging lists items included in the tray. If you need opening pressure, make sure you choose a tray that includes a manometer. The tray includes ONE spinal needle – double check size
 2. Extra Spinal needles – should probably have 3 at hand, consider having at least one that is longer than you think you need
 - i. 22 gauge spinal needles with stylet – may not be stocked on floor, may need to call central supply
 - ii. Sizing guide (approximate – use best judgement based on patient size):
 - 3 Neonates: 1”
 - 4 Infant to 2 yo: 1.5”
 - 5 2yo to 12yo: 1.5” or 2.5” depending on size of patient
 - 6 >12yo: 2.5-3.5” depending on size of patient

Procedure

1. **Examine** patient's anatomy to ensure you are able to perform the procedure safely.
2. **Time-out:**
 - a. Identify patient with 2 identifiers (name + MRN or band number or DOB) and procedure to be performed prior to starting.
 - b. RN must be present for the time out and document the time-out in Epic. Must be performed in procedure room immediately before starting procedure.
 - c. The person performing the procedure is responsible for ensuring this happens.
3. **After the LP** place pressure dressing (band-aid) with gauze over puncture site.

Clean-up/Wrap-up

1. After you have obtained CSF, write your initials, date and time, and tube number on patient labels and place one label on each tube.
2. Place tubes in biohazard bag with order labels and hand over to RN to send to lab.
3. Dispose of all sharps, including unused.
4. Spray all used surfaces with disinfecting spray and wipe clean.
5. Return patient to room.
6. Write procedure note.