

# Lumbar Puncture Bedside [669]

## General

## Nursing

### Vital signs

Vital signs - T/P/R/BP (per unit protocol) Routine, Per unit protocol

### Activity-Postprocedure

Activity as tolerated Routine, Until discontinued, Starting S  
Specify: Activity as tolerated

Strict bed rest Routine, Until discontinued, Starting S For 3 Hours

### Nursing

Lumbar puncture kit to bedside Routine, Once  
Supplies: Lumbar Puncture Kit, Sterile Gloves

Provide equipment / supplies at bedside Routine, Once  
Supplies: Other(specify)  
Specify: Duraprep

Complete consent for Lumbar Puncture Routine, Once  
Consent For: Lumbar Puncture  
Procedure:  
Diagnosis/Condition:  
Physician:  
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

## IV Fluids

## Medications

### Additional lidocaine (XYLOCAINE) 1%

lidocaine (XYLOCAINE) 1% injection infiltration, PRN, For local anesthetic effect

### Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Selection Required) **"Or" Linked Panel**

ondansetron ODT (ZOFTRAN-ODT) 4 mg, oral, every 8 hours PRN, nausea, vomiting  
disintegrating tablet Give if patient is able to tolerate oral medication.

ondansetron (ZOFTRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting  
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

promethazine (PHENERGAN) IV or Oral or Rectal **"Or" Linked Panel**

promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting  
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

### Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Selection Required) **"Or" Linked Panel**

ondansetron ODT (ZOFTRAN-ODT) 4 mg, oral, every 8 hours PRN, nausea, vomiting  
disintegrating tablet Give if patient is able to tolerate oral medication.

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

### Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

## VTE

## Labs

### Labs

<input type="checkbox"/> Glucose	Once
<input type="checkbox"/> Prothrombin time with INR	Once

### CSF Basic Studies

<input checked="" type="checkbox"/> CSF cell count with differential	Once, Cerebrospinal fluid Tube 1
<input checked="" type="checkbox"/> CSF protein	Once, Cerebrospinal fluid Tube 3
<input checked="" type="checkbox"/> Glucose, CSF	Once, Cerebrospinal fluid Tube 3
<input checked="" type="checkbox"/> Gram stain	STAT For 1 Occurrences, Cerebrospinal fluid Tube 2
<input checked="" type="checkbox"/> CSF culture	Once, Cerebrospinal fluid Tube 2
<input checked="" type="checkbox"/> Fungus culture	Once, Cerebrospinal fluid Tube 2
<input checked="" type="checkbox"/> Cryptococcal antigen	Once, Cerebrospinal fluid Tube 4
<input checked="" type="checkbox"/> AFB stain	Once, Sputum
<input checked="" type="checkbox"/> AFB culture	Once, Sputum
<input checked="" type="checkbox"/> CSF cell count with differential	Once, Cerebrospinal fluid Tube 4

## CSF Specialty Labs

<input type="checkbox"/> Immuno G synthesis rate, CSF	Once This panel requires serum and CSF samples to be sent at the same time. The panel cannot be ordered again within 72 hours.
<input type="checkbox"/> D-dimer, quantitative	Once
<input type="checkbox"/> Lyme disease reflexive panel, CSF	Once, Cerebrospinal fluid
<input type="checkbox"/> LDH, CSF	Once, Cerebrospinal fluid
<input type="checkbox"/> VDRL, CSF titer	Once, Cerebrospinal fluid
<input type="checkbox"/> CSF VDRL	Once, Cerebrospinal fluid

## PCR

<input type="checkbox"/> Enterovirus by PCR	Once Specimen Source: RNA by PCR
<input type="checkbox"/> Toxoplasma gondii qPCR - Viracor	Once DNA by PCR
<input type="checkbox"/> Varicella zoster, PCR	Once Specimen Source: Cerebrospinal Fluid DNA by PCR
<input type="checkbox"/> Epstein Barr Virus (EBV) by PCR	Once Specimen Source: Cerebrospinal Fluid
<input type="checkbox"/> Herpes simplex virus by PCR	Once Specimen Source: Cerebrospinal Fluid
<input type="checkbox"/> Cytomegalovirus (CMV), PCR	Once Specimen Source: Cerebrospinal Fluid

## Cardiology

## Diagnostic Imaging

## Other Diagnostic Studies

## Respiratory

## Rehab

## Consults

## Additional Orders