Location: _____

Nursing

Nursing

- [x] **Lumbar puncture kit to bedside** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
- [x] **Provide equipment / supplies at bedside** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
  Comments: Gown, hat, mask to bedside.
  Question(s):
  Supplies: ○ ChloroPrep ○ Personal protective equipment ○ Sterile gloves ○ Other (specify)
  Other: Betadine
- [x] **Complete consent for** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
  Question(s):
  Procedure: ○ Lumbar Puncture
  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?

Labs

Labs

- [ ] **Glucose level** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Prothrombin time with INR** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

CSF Basic Studies

- [x] **CSF cell count with differential** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Cerebrospinal fluid **Comments:** Hold CSF specimen in lab for additional tests if needed.
- [x] **Protein, CSF** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Cerebrospinal fluid **Comments:** Hold CSF specimen in lab for additional tests if needed.
- [x] **Glucose level, CSF** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Cerebrospinal fluid **Comments:** Hold CSF specimen in lab for additional tests if needed.
- [x] **Gram stain only** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Comments:** Hold CSF specimen in lab for additional tests if needed.
- [x] **CSF culture** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Cerebrospinal fluid **Comments:** Hold CSF specimen in lab for additional tests if needed.

CSF Specialty Studies

- [ ] **VDRL, CSF titer** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Cerebrospinal fluid
- [ ] **VDRL, CSF** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Cerebrospinal fluid
  Question(s):
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [ ] **Enterovirus, qualitative PCR** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
  Question(s):
  Specimen Source:
- [ ] **Toxoplasma gondii qPCR - Viracor** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** DNA by PCR
  Primary Ordering Comments:
  This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- [ ] **Varicella zoster, quantitative PCR** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
  Question(s):
  Specimen Source:
- [ ] **Epstein-Barr virus (EBV), quantitative PCR** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Maximum Quantity:** 3
  Question(s):
  Specimen Source:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Herpes simplex virus types 1/2 (HSV), qualitative PCR (blood, fluids or swab in universal transport media)**
Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
Question(s):
Specimen Source:

☐ **Cytomegalovirus, quantitative PCR** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
Question(s):
Specimen Source:

☐ **Meningitis/encephalitis panel with CSF culture**

☑ **Meningitis/encephalitis panel with CSF culture**

☑ **Meningitis/encephalitis panel** **Frequency:** Once **Priority:** Routine **Specimen Type:** Cerebrospinal fluid

☑ **CSF culture** **Frequency:** Once **Priority:** Routine **Specimen Type:** Cerebrospinal fluid

Sign:_____ **Printed Name:**_____ **Date/Time:**_____