

Lumbar Puncture Procedure Note

INDICATION: _____

PROCEDURE OPERATOR: _____

ATTENDING PHYSICIAN: _____ In Attendance (Y/N) _____

CONSENT:

Consent was obtained from _____ prior to the procedure. Indications, risks, and benefits were explained at length.

The procedure was performed emergently and the permission was implied because of the emergent nature.

PROCEDURE SUMMARY:

A time-out was performed. My hands were washed immediately prior to the procedure. I wore a surgical cap, mask with protective eyewear, sterile gown and sterile gloves throughout the procedure. The patient was placed in the _____ position with help from the nursing staff. The area was cleansed and draped in usual sterile fashion using betadine scrub. Anesthesia was achieved with 1% lidocaine. A 20-gauge 3.5-inch spinal needle was placed in the _____ lumbar interspace. On the _____ attempt, _____ colored cerebral spinal fluid was obtained. The opening pressure was _____ cm H2O. CSF was collected into 4 tubes. These were sent for the usual tests, including 1 tube to be held for further analysis if needed. A sterile bandaid was placed over the puncture site. The patient had no immediate complications and tolerated the procedure well.

COMMENT:

ESTIMATED BLOOD LOSS: _____ ml

Physician Signature _____ ID# _____ Date _____ Time _____



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
LUMBAR PUNCTURE PROCEDURE NOTE

Patient Label
or
Two Patient Identifiers