# ADULT LUMBAR PUNCTURE (LP) CHECKLIST

## SIGN IN
To be completed by the individual conducting the procedure prior to scrubbing

- Confirm all individuals have introduced themselves.
- Confirm patient identity and procedure.
- Confirm patient has emptied bladder and bowel.

### Clinical setting:
- Elective
- Emergency

### Record indication:
- Meningitis
- Encephalitis
- SAH
- IIH
- Other, specify:

### Does the patient have a known allergy?
- No
- Yes, specify:

### CT head indicated?
- No
- Yes

If YES, is report formal/verbal?
- No
- Yes

## TIME OUT
To be read out loud by the assistant before invasive part of procedure is commenced

- Confirm the operator is wearing sterile gloves after scrubbing.

### Confirm sign is clearly visible on the door/screen to prevent interruptions.

### Confirm skin cleaned with tinted Chloraprep 2% in 70% alcohol and allowed to dry for 3 minutes.

## SIGN OUT
To be read out loud by the operator before anyone leaves the procedural area

- Specify number of needles/attempts:

### Any immediate complications?
- No
- Yes, specify:

### Confirm:
- Sterile stylet replaced before removing LP needle.
- Pressure applied with sterile swab.
- Leakage from site ceased and dressing applied.
- Operator disposes all sharps safely.

### Confirm:
- Local anaesthetic prepared and checked?
- Yes
- No, give reason:

### Confirm four sterile universal bottles are labelled ‘1’, ‘3’, ‘4’, ‘5’ and one grey Vacuette labelled ‘2’?

Note: samples of the appropriate volume must be collected in the correct order 1 to 5 as detailed in the SIGN OUT*.

### Confirm:
- Sample 5 placed in opaque envelope for transport.
- Simultaneous blood glucose (grey Vacuette), bilirubin and protein (ochre Vacuette) sent to biochemistry.
- All samples are correctly labelled with 3 patient identifiers including CRN/NHS number.

### Confirm operator appropriately:
- Trained
- OR
- Supervised by:

### Disposable manometer available and ready for use?
- Yes
- No, give reason:

### Is the patient on any anticoagulant/antiplatelet?
- No
- Yes, refer CDDFT protocol/speak to haematologist.

### Confirm recent blood results (date):
- Platelets:
- PT:
- APTT:
- INR:

### Confirm platelet count >100x10⁹/L before proceeding.

### Confirm vital signs/GCS recorded in patient notes.

### Confirm contra-indications for LP excluded.

### Patient position:
- Sitting
- Lateral

### Ultrasound assisted?
- No
- Yes

## Signature and printed name

### Operator:

### Assistant:

### Supervisor (if present):

### Date:

### Time:

### Location:

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Specialty Documents

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CDDFT Local Safety Standard for Invasive Procedures v1.1 23-11-18 (review date December 2019)
ADULT LUMBAR PUNCTURE (LP) CHECKLIST

This LocSSIP applies to all adult lumbar punctures undertaken in CDDFT. Must-do procedural steps:

1. To ensure compliance with best practice:
   a. CDDFT’s adult lumbar puncture pathway and procedural checklist must be used.
   b. The operator must dispose of all sharps before leaving the procedural area.
   c. The operator must only use the LP needles authorised by the Trust (CDDFT).

2. To reduce the risk of epidural haematoma:
   a. Consideration must be given to any antiplatelet or anticoagulant medication being taken by the patient.
   b. If indicated, recent blood results must be checked, and action taken to correct abnormalities if required.
   c. The patient’s platelet count must be >100x10^9/L.

3. To reduce the risk of lumbar puncture associated infection:
   a. The operator must wear sterile gloves after scrubbing.
   b. Tinted Chloraprep 2% in 70% alcohol must be used and allowed to dry for 3 minutes.

4. To reduce the risk of cerebrospinal fluid leak:
   a. When the needle is removed, pressure must be applied to the site until leakage stops.
   b. Advice must be given regarding complications; e.g. leakage from site, headache, backache.

5. To ensure all samples are appropriately labelled and are received by the laboratory for prompt processing, the operator must ensure:
   a. White topped specimens (1 and 4) are accompanied by a blue ‘microbiology’ form; all other samples accompanied by a biochemistry form.
   b. That clearly labelled blood glucose, bilirubin and protein samples are concurrently supplied to the laboratory.
   c. Sample 5 (for xanthochromia testing) is protected from light. The time of symptom onset/LP and CT scan results (if scan undertaken) is recorded with the clinical details.
   d. Samples arrive within 1 hour of being taken. Both Biochemistry AND Microbiology Biomedical Scientists must be informed:
      i. Biochemistry contact the laboratory on extension 32439 (UHND) or 43695 (DMH).
      ii. Microbiology routine hours (8am until 8pm weekdays, 8am until 4pm weekends and bank holidays) contact the laboratory on extension 32450 / 32448. All other times contact the microbiology Biomedical Scientist on call via switchboard.
   e. DMH samples are dispatched to the correct laboratory:
      i. Normal working days 9am to 4pm; hand deliver directly to DMH laboratory. All other times (including weekends and bank holidays); contact both Biochemistry and Microbiology lab personnel at UHND via switchboard. Clinician to arrange taxi to collect samples from the ward for hand delivery to UHND lab.
      ii. Samples must be securely transported in an appropriately labelled, rigid, opaque (so no patient identifiable information can be observed), leakproof container. These can be obtained from ED, AMU, paediatric wards or the pathology department. Additional ward stock can be obtained by contacting the Medical Laboratory Assistants in microbiology during routine hours on extension 43242.

Associated guidelines:

- Care Group Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.
- Xanthochromia Screening, Online Pathology Handbook, CDDFT.