Unique Plan Description: CSF Collection Adult/Pediatric Subphase
Plan Selection Display: CSF Collection Adult/Pediatric Subphase
PlanType: Medical
Version: 3
Begin Effective Date: 5/18/2010 21:31
End Effective Date: Current
Available at all facilities
Plan Comment: PCF# 430136

CSF Collection Adult/Pediatric Subphase

Condition

Code status other than full code requires a separate physician's order.(NOTE)*

Nursing

Procedure Time Out
Perform Time Out prior to lumbar puncture

Obtain Equipment
Lumbar puncture tray and supplies to floor now and notify physician when available, Assure Consent is complete and on chart, 1, time(s)

Conditional Lab Instructions
Send tube #4 to be held in the lab. At time of lumbar puncture, label with patient label and instructions to hold sample under refrigeration in lab, 1, time(s)

Laboratory

All blood products and type and screen or crossmatch orders require paper physician orders.(NOTE)*

Sterile Body Fluid Culture + Gram
Cerebrospinal Fluid, Urgent collect, ONCE
Comments: Tube #1

CSF Glucose
Body Fluid, Urgent collect, ONCE, Nurse collect
Comments: Tube # 2

CSF Protein
Body Fluid, Urgent collect, ONCE, Nurse collect
Comments: Tube # 2

CSF Cell Count and Differential
Cerebrospinal Fluid, Urgent collect, ONCE
Comments: Tube #3

Ref HSV by PCR
Cerebrospinal Fluid, Urgent collect, ONCE
Comments: Tube #4

Viral Culture (non-respiratory)
Cerebrospinal Fluid, Urgent collect, ONCE
Comments: Tube #4

Fungus Culture Mold + Yeast
Cerebrospinal Fluid, Urgent collect, ONCE
Comments: Tube #4

India Ink Smear
Cerebrospinal Fluid, Urgent collect, ONCE, Nurse collect
Comments: Tube #4

Cryptococcal Antigen
Cerebrospinal Fluid, Urgent collect, ONCE
Comments: Tube #4

AFB Culture NonBlood Sendout
Cerebrospinal Fluid, Urgent collect, ONCE
Comments: Tube #4. 5 mL CSF minimum volume

Basic Metabolic Panel
Blood, Urgent collect, ONCE, Nurse collect

Enterovirus PCR
Cerebrospinal Fluid, Urgent collect, ONCE, Nurse collect

Diagnostic Tests
All diagnostic tests must be ordered on paper diagnostic order forms.(NOTE)*

Consults/Ancillary Services
All medical service consults remain on paper consult form.(NOTE)*

Other
Subphase Activated

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase