LOCAL OPERATING PROCEDURE



NEONATAL SERVICES DIVISION

Approved by Quality & Patient Safety Committee 16/4/2020

LUMBAR PUNCTURE

This Local Operating Procedure is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operating Procedure.

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INTRODUCTION

Lumbar puncture (LP) is a procedure to sample cerebrospinal fluid (CSF) for evidence of bacterial, viral or fungal infection, biochemical analysis or markers of metabolic disorders. In some cases (eq. haemorrhadic hydrocephalus). LP is performed to decrease ventricular dilatation.

1. AIM

To obtain a sample of CSF

2. PATIENT

Newborns

3. STAFF

Medical and nursing staff

4. EQUIPMENT

- Spinal Needle
- **Dressing Pack**
- Sterile green drapes x 1
- 2 mL syringe
- 1mL syringe
- 3 x Sterile Yellow Top Specimen Tubes (5 ml capacity)
- Chlorhexidine 0.5% Maxi swab x 2

- Hat & sterile surgical gloves
- Sterile gown
- 25% Oral Sucrose
- 25g Needle (Orange)
- 1% Xylocaine (2 mL ampoule)

5. CLINICAL PRACTICE

Procedure:

- 1. Explain the procedure to infant's parent/s and obtain consent.
- Perform a *Clinical Procedure Safety Check* prior to procedure:
 - Log on to infant's eMR
 - Click on Chart on task-bar above Infant's information bar (blue bar) for drop-down field
 - Click on Ad Hoc Charting
 - Tick in the box for Clinical Procedure Safety Checklist Level 1
 - Click on Chart at the bottom right of page for the form
 - Complete checklist before starting the procedure
- Check resuscitation equipment is available for use if needed:
 - Suction equipment
 - Neopuff/resuscitator
 - Oxygen
- 4. Perform hand hygiene.
- 5. Examine the infant, orientate to the infant's anatomy and identify the insertion site prior to
- 6. Collect equipment. Clean work surface with neutral detergent.



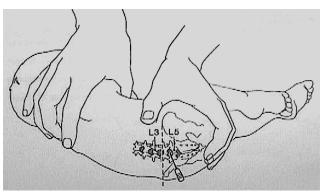
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- 7. Don hat and mask.
- 8. Perform procedural hand wash.
- 9. Don sterile gown and sterile gloves on.
- 10. Assistant administers oral sucrose prior to starting the procedure (refer to ANMF guideline). If on morphine infusion, a bolus dose can be considered.
- 11. Carer's responsibility:
 - Place a blue incontinent sheet under the infant
 - Position the infant in a lateral decubitus position with legs fully flexed (knee-chest position) (Picture 1) with the infant's back at the edge of an open bed
 - Observe the clinical condition of the infant during the procedure



Picture 1

12. Assistant:

- Open the sterile plastic drape for the proceduralist to cover the work surface
- Open equipment for the proceduralist
- Check local anaesthetic with proceduralist
- 13. Lumbar puncture Procedure:

NOTE:

Identify anatomical landmarks before starting procedure. Lumbar Punctures should be performed at or below the L4 level (the line of the top of the iliac crests).

- Draw up 2 mL of local anaesthetic.
- Clean the identified lumbar puncture site with chlorhexidine maxi swabsticks start at the interspace and prep in a widening circle and over the iliac crest.
- Allow antiseptic solution to dry and repeat cleaning.
- Apply green drape.
- Administer local anaesthetic to the insertion site.
- Insert the spinal needle into the designated area of the spine.



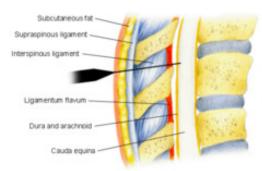
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• Enter skin strictly in midline - aim for a 90° angle, slightly towards the head of the infant. (Picture 2)



Picture 2

- STOP when the spinal needle is through the skin.
- Wait for the infant to re-settle.
- Advance the needle by 0.5 cm and remove the stylet to check for CSF.
 - o Advance by 0.5cm again and re-assess if there is no CSF
 - o Allow CSF to drip 5 drops into each of the 3 sterile specimen tubes
 - o Label the tubes according to collection sequence
 - $\circ \quad \text{Cap the tubes to avoid contamination} \\$
 - Replace the stylet in the needle before withdrawing needle from the puncture site
 - Apply pressure to puncture site
 - o Apply a spot band-aid to site
- 14. Discard equipment used.
- 15. Clean work surface and return any unused packets of equipment back to storage.
- 16. Send correctly labelled specimens with correctly completed form/s in a sample plastic bag to pathology via the shute.
- 17. Nurse infant in supine position for 1 hour post procedure if there is no evidence of distress or reactions.
- 18. Monitor the infant post-procedure:
 - Check LP site for bleeding or CSF leakage for 24 hours
 - Body temperature
 - Oxygen saturation for 4 hours if infant was sedated during the procedure
 - If sedated, infant should be nil by mouth for 1 hour post procedure
 - Remove the spot band aid at next cares
- 19. Document procedure in infant's eMR notes.

6. DOCUMENTATION

- eMR
- Neonatal Observation Chart
- NICUS database

7. EDUCATIONAL NOTES

- The procedure should be performed under sterile conditions.
- Positioning of the infant is vital to the success of the procedure.
- Flexion of the spine is important to open up the interspinous spaces and stretch the skin over the processes allowing for better definition of landmarks.

 Flexing the neck will compromise the infant's airway and potentially increase cerebral venous pressure.

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8. RISK RATING

Low

9. NATIONAL STANDARD

- Standard 1 Clinical Governance
- Standard 3 Preventing and Controlling Healthcare-Associated Infection
- Standard 4 Medication Safety
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

10. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre	CSF	Cerebrospinal Fluid
LP	Lumbar Puncture	ANMF	Australasian Neonatal Medicines Formulary

11. REFERENCES

- Clinical Procedure Safety, PD2017_032 at https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_032.pdf
- Consent to Medical and Healthcare Treatment Manual, IB2020_010 at https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2020_010.pdf

12. AUTHOR

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