

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

Procedure Information Sheet – Lumbar Puncture (Paediatrics)

1. Introduction

- 1.1. A lumbar puncture (also called a spinal tap) is a procedure where a doctor puts a needle into the subarachnoid spaces between the lumbar vertebral spine to collect samples of cerebrospinal (CSF) fluid.

2. Indications

- 2.1. To investigate if there is any infection (e.g. meningitis) or inflammation (e.g. encephalitis) of nervous system
- 2.2. Suspect bleeding inside the skull such as subarachnoid hemorrhage
- 2.3. To measure intracranial pressure
- 2.4. To drain excessive CSF for relieving brain pressure
- 2.5. Suspect complicated diseases that influence the metabolism of the brain and the spinal cord

3. Alternatives to lumbar puncture

- 3.1. Collection of CSF by lumbar puncture is currently the safest and most reliable method for diagnosis of meningitis. As meningitis can be fatal and lead to serious consequences, early diagnosis and starting treatment promptly is important.
- 3.2. The CSF collected will be sent to laboratory for biochemical tests and examination under microscope and results of these tests will be available in a few hours. Further tests including detection of bacteria and virus will be further processed.

4. Procedures

- 4.1. Place child on their side with their knees tucked into their chest and head bent forward.
- 4.2. Give sedative medicine or local anesthesia if necessary according to doctor's prescription.
- 4.3. Sterilize the skin at back.
- 4.4. Doctor insert a lumbar puncture needle into the subarachnoid spaces to obtain CSF specimen.
- 4.5. Occlusive dressing cover the puncture site after the procedure.

5. Preparation

- 5.1. Obtain written consent from the guardian.
- 5.2. Assess need for sedation.
- 5.3. Stop eating and drinking at a certain point earlier to make sure the stomach is empty.

6. Risks and Complications

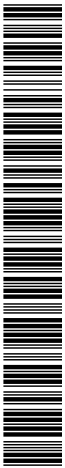
- 6.1. Mild transient headache and pain over back can occur in about 40% of patients.
- 6.2. There is potential risk of serious but rare complications of sudden change in intracranial pressure, nerve damage, bleeding, leakage of CSF, and implantation of skin forming a dermoid.

7. Nursing Care

- 7.1. Child should lie flat in bed for 6 to 12 hours following this procedure.
- 7.2. Resume the oral intake when fully awake if under sedation

8. Remark

- 8.1. This information sheet provides general information pertaining to this operation or procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.





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9. Reference

- I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name:

Date: _____

