



*Insert patient sticker here*

NAME:

Hospital Number:

DOB:

## Lumbar Puncture Proforma

### DATE & TIME:

Indication: suspected meningitis/encephalitis ☐ BIH ☐ Other:

**Verbal Consent** taken from: Relationship to Patient:

Risks explained: Bleeding ☐ Infection ☐ Failure of procedure ☐ Headache ☐ Back pain ☐  
Other:

### PROCEDURE:

Cleaning fluid: Aseptic technique throughout ☐

Sedation/analgesia pre procedure: No of attempts:

Other comments:

### CSF:

Appearance: Clear & colourless ☐ Turbid ☐ Straw-coloured ☐ Bloody ☐ Other:

Opening pressure measured: Yes ☐ No ☐ If yes: mmHg

Samples sent for: Cell count ☐ Protein ☐ Glucose ☐ MC&S ☐ Virology ☐

Save CSF for PCR ☐ Other:

### BLOOD GLUCOSE LEVEL:

### Time blood glucose taken:

Any complications post procedure? Yes ☐ No ☐

If yes, please specify

**Signed:** **Name:** **Grade:** **Bleep:**

### LAB RESULTS:

WBC: RBC: Other comments:

Gram stain organisms: Culture after 48 hours:



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