

Lumbar Puncture (LP) Safety Questionnaire

Referring doctor please complete this form and email to June Luckraz (june.luckraz@nhs.net) or fax to 020 3299 1805 when booking patients in for lumbar puncture at King's College Hospital Programmed Investigation Unit.

Patient Name:	Referring doctor:
DOB: Hosp. No:	Date:
Phone:	Hospital:

Working diagnosis.....

CSF tests to be done (please tick)

Routine tests to be done on all: WBC, RBC, culture, protein, glucose (CSF & blood)

- Oligoclonal bands (CSF & blood samples needed)
- Opening pressure
- Please remove large volume of CSF therapeutically (until pressure <20)
- Cytology (neuropathology)
- Immunophenotyping
- TB testing
- Viral PCR
- 14-3-3 protein
- xanthochromia bilirubin spectrophotometry (CSF & blood)
- tau & A-beta (special tube)
- Normal pressure hydrocephalus protocol (full day in PIU – needs special arrangement)
- Other

Safety screen

Risk of brain lesion

- Low suspicion of raised ICP, therefore referrer considers brain imaging not necessary
- Recent brain imaging shows no contra-indication to LP *Done athospital*
- Brain imaging requested *athospital - result to be checked before LP*

Please complete and sign next page

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Patient name.....

Antithrombotic drugs?

Patient is not taking antiplatelet or anticoagulant drugs

Patient is taking

Indication?

Don't know what patient is on – SHO please phone patient to ask

Patient has already been given instructions how to stop

Patient not yet informed – SHO please phone patient to discuss.

The following advice has been given by haematology (March 2015) assuming there is no contraindication to temporary suspension of antithrombotic therapy:

Antiplatelets:

- None or aspirin/dipyridamole monotherapy – *do not need to be stopped.*
- Dual antiplatelet therapy (e.g. aspirin & clopidogrel, aspirin & dipyridamole) - *stop non-aspirin drug for 7d*
- Clopidogrel/ticagrelor/prasugrel - *stop for 7d*
- Restart antiplatelet therapy when next dose is due

Anticoagulants:

- Warfarin - *please contact local anticoagulation clinic to formulate peri-procedural plan (may need bridging with LMWH). Usually stop for 6 days. Needs check INR <1.4 before LP –tick box below for where this will be done*
- NOAC rivaroxaban/dabigatran/apixaban - *stop for 48h (if dabigatran & renal dysfunction then 4d)*
- LMW heparin - *stop for 12 h (prophylactic) or 24 h (therapeutic). Restart prophylactic dose LMWH on evening of procedure (>6 hrs post procedure) or next day for treatment-dose LMWH.*

If patient on antithrombotic drug not listed above – *seek haematology advice*

Bleeding risk factors?

No Yes

Platelets AND coagulation:

Platelets Coagulation. Results within 6 months seen by referrer and normal. No need to repeat.

To be done in PIU (attend 2 hours early)

Arranged to be done by GP – please check result

Admissions officer please ask patient to attend GP to have FBC and coagulation tested

Sent from.....hospital - result to be checked

Referring doctor confirms safety information above:

Name..... signed.....date.....

SHO confirms passed safety screen and OK to proceed (*information given by referrer need not be double-checked*)

Name..... signed.....date.....

Comments.....