Benchmark No. 5
Lumbar Puncture

British Association of Neuroscience Nurses

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History

The Neuroscience Nursing Benchmarking Group (NNBG) was established in the 1990`s as a result of increasing concerns over inconsistencies in practices as part of a subsidiary of BANN. The group aims to improve on the quality of care by comparing and sharing practice with each other, and set explicit standards for comparison of current practice against the ideal standard. The group is committed to searching for the best evidence related to specific areas of neuroscience practice. Membership of the group consists of representatives from neuroscience units within the UK and Ireland, together with educational colleagues from both the NHS/HSC and Higher Educational Institutes. The group is further subdivided into regions and this benchmark was developed by the North West group of the NNBG in 2006.

In 2016, the NNBG consolidated back into BANN and further information about NNBG can be found on the BANN website www.BANN.org.uk .

BANN would like to acknowledge the leadership and significant contribution made by the NNBG, and all its contributors, to neuroscience nursing over the years.

FACTOR 1 – Documentation

STATEMENT OF BEST PRACTICE	POOR ← LEVEL OF ACHIEVEMENT → EXCELLENT
1.1 Written guidelines are available for the management of patients undergoing Lumbar Puncture (according to Trust policy)	
1.2 Prior to Lumbar Puncture, patients are screened for TSE and documentation and documentation s available to the person undertaking / assisting with Lumbar Puncture (DOH, 2003, Consensus opinion – grade v).	
1.3 The nurse ensures that the patient has agreed to the procedure and that they have access to supportive information about the Lumbar Puncture. However, it is not the responsibly of the nurse to obtain consent (Mallet and Dougherty, 2000. Consensus Opinion – grade V).	
1.3 A detailed care plan meets the individual needs of the patient and is evidence based (Sackett etal 2001).	
1.4 All documentation meets the individual needs of the patients and is evidenced based.	
1.5 All documentation has been reviewed within the last two years (Department of Health 2001a)	

FACTOR 2 – Protocol

STATEMENT OF BEST PRACTICE	POOR ← LEVEL OF ACHIEVEMENT → EXCELLENT
2.1 A local policy is available and used when caring for patients undergoing Lumbar Puncture	
2.2 Prior to Lumbar Puncture, the nurse assesses the patients overall condition including the Glasgow Coma Scale and vital signs in order to obtain a baseline (Tate and Tasota, 2000).	
2.3 Baseline blood sugar is recorded up to 30 minutes prior to Lumbar Puncture (Tate and Tasota, 2000).	
2.4 The nurse should ensure that appropriate disposable equipment is readily available at ward level, in accordance to local guidelines / infection control policies (DOH, 2003, Consensus opinion – grade V)	
2.5 The nurse should promote patient comfort by allowing the patient to void pre-procedure and by the use of loose fitting clothing or hospital gowns (Hickey, 2003)	
2.6 When appropriate a second person from the health care team should be present during the procedure (Consensus opinion – grade V)	
2.7 The dignity of the patient is maintained at all times (DOH, 2001a. Consensus opinion – grade V)	
2.8 The patient is assisted into the correct position for the procedure to be performed (Hickey, 2003, Mallett and Dougherty, 2000).	

FACTOR 2 – Protocol

STATEMENT OF BEST PRACTICE	POOR ← LEVEL OF ACHIEVEMENT → EXCELLENT
2.9 During and post procedure, the nurse assesses the patient for complications, which may include headache, nausea and vomiting, paraesthesia or leaking from puncture site(Hickey, 2003)	
2.10 The nurse should liaise with the medical team with regard to post-procedure mobilisation of the patient (Hickey, 2003). There is no evidence available that suggests bedrest is beneficial in preventing post Lumbar Puncture headache (Evans et al 2000. Grade 1 and 2 level of evidence).	
2.11 Maintain patient's prescribed fluid regime (Hickey, 2003)	
2.12 Treat post Lumbar Puncture complications as prescribed and monitor the effect of same (Hickey, 2003)	
2.13 Ensure universal precautions are adhered to when handling the equipment/CSF specimen (DOH, 2003)	
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FACTOR 3 – Education

STATEMENT OF BEST PRACTICE	POOR ← LEVEL OF ACHIEVEMENT → EXCELLENT
3.1 A structured evidence based training and education programme is available for the management of patients undergoing Lumbar Puncture. It will include: • An awareness of the patient's disease process and the reason for the procedure • Different tests used on CSF specimens • Side effects / contraindications of Lumbar Punctures • Equipment used • Documentation	
3.1 Staff are aware and have access to a local protocol	
3.2 Training sessions are available at ward level.	
3.3 A formal assessment of competence and knowledge is made and recorded in a competency manual or staff assessment procedure (NMC, 2002)	
3.4 Staff are aware of their professional accountability when caring for patients undergoing Lumbar Punctures (NMC, 2002)	

FACTOR 4 – Patient Information

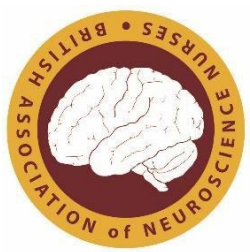
STATEMENT OF BEST PRACTICE	POOR ← LEVEL OF ACHIEVEMENT → EXCELLENT
4.1 Patients / carers are informed of the rationale for the CSF drainage system and consent is obtained prior to the procedure (NMC, 2002. DOH, 2001)	
4.2 Information given to patients and carers is documented in the patient's kardex (NMC 2002).	
4.3 Direct team/team handover is performed for patients undergoing or having had a Lumbar Puncture.	
4.4 Documentation is updated post procedure (DOH, 2001a)	
4.5 Written information is available for patients/carers (Hickey, 2003).	
4.6 Patient information is reviewed at least on a two-year cycle (Duman,2003).	

References

Department of Health (2001). Reference Guide for Consent for examination or treatment. Department of Health, London

Hickey, J (2005). The clinical Practice of Neurological and Neurosurgical Nursing. 5th Edition. Lippincott Williams & Wilkins

NMC (2004) Code of Professional Conduct. NMC: London.



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