



DATE/TIME	LUMBAR PUNCTURE & MYELOGRAM ORDERS:
	Allergies: See Master Allergy Sheet
	Preop:
	1. Admit to: Outpatient Surgery
	Diagnosis:
	Diet: NPO Except for meds
	Lab: PT, if on Warfarin (Coumadin)
	INT:
	Postop:
	2. Head of bed _____ for _____ hours.
	3. Bedrest for _____ hours.
	4. Orders for lab on specimen to be ordered by physician who ordered the LP.
	5. Resume diet
	6. If no complaints, may discharge 2 hours after procedure.
	7. Acetaminophen (Tylenol) 325mg PO PRN pain every 4 hours.
	8. Give patient copy of discharge instructions.
	MD Signature:
	Date/Time:



▼ Addressograph / Patient Label ▼

**LUMBAR PUNCTURE & MYELOGRAM ORDERS**

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