

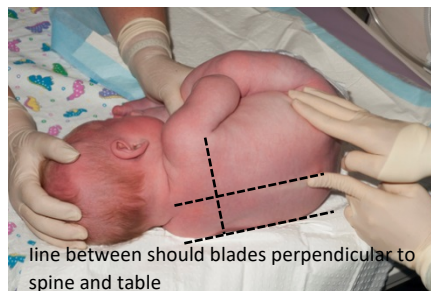
Put EMLA on prior to getting everything ready
Have all your supplies ready before you start

- LP tray – have tubes ready in tray
- caps, sterile gloves
- extra spinal needles
- sterile saline or water to wet the gauze for clean up



Get the bed to a comfortable height and place the baby near the edge of the bed for easy reach
 Draw an imaginary line between the shoulders – this should be exactly perpendicular to the table (neither twisted nor tilted). Do the same with a line between the hips. Finally, the gluteal crease should line up with the spinous processes. Neck flexion is not that important. **It's your job to coach the holder**

Double check -- Run your fingers along the spine -- is it straight?



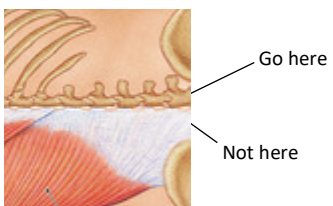
Use Lidocaine - about 1/2 - 1 mL



Mark the space you intend to go in -- you should be able to feel the space if it is properly opened up



Make an "X" -- one mark over the ridge of spinous processes and one mark in the I4/I5 space ... The #1 reason for misses is being at the right lumbar spinal level but off of midline, so you go into the paraspinous muscle instead of the space. You'll know this immediately because your needle will feel "stuck"



- Aim for the umbilicus (20-40 degree angle to the skin)
- Typically go in about 3/4 inch in an infant



Remove the stylet after going into the skin - then advance 1 mm at a time until you see fluid
Make sure to replace the stylet before pulling the needle out

Consider an U/S after failed attempts to determine if there is a cord hematoma (in which case there would be no point in immediately trying again)

Video of LP in an adult: <http://www.nejm.org/doi/full/10.1056/NEJMvcm054952> (especially useful for how to do manometry)

This clinical pathway is based upon medical evidence and a consensus of pediatric practitioners at Cone Health Pediatrics. These clinical pathways are intended to be a guide for practitioners with a special emphasis on those working at community hospital sites. Management needs to be adapted for each specific patient based on the practitioner's professional judgment, unique patient circumstances, the needs of each patient and their family, and the availability of resources at the health care institution where the patient is located.

Accordingly, these clinical pathways are not intended to constitute medical advice or treatment, or to create a doctor-patient relationship between/among Cone Health physicians and the individual patients. These clinical pathways may not be in every respect accurate or complete, and may not apply to a particular patient or medical condition.