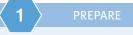
Queensland Paediatric Emergency Care

Skill Sheets

Lumbar Puncture: Infant Holding

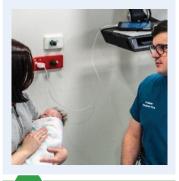
During a lumbar puncture (LP), a needle is inserted into the spinal canal to collect cerebrospinal fluid (CSF). CSF is analysed in a laboratory and the results may assist in diagnosing diseases that affect the central nervous system (CNS).



Explain the procedure and gain verbal consent.



Attend to hand hygiene and don PPE. Attach infant to cardiorespiratory monitoring.





Whilst angling baby slightly head-up, keep airway in a neutral position. Prevent airway obstruction by avoiding direct flexion or extension.



Ensure the hips and shoulders remain in line and at 90 degrees to the cot or bed.

3 PROCEDURE

Place the infant on the edge of the cot or bed, held in a lateral position, facing the holding nurse. For seated position, see below.



7 Monitor the infant throughout the procedure for signs of airway

obstruction.

4

Position by holding the infant's shoulders and legs, curling the infant into the fetal position.



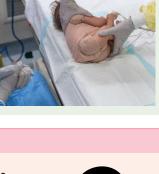
Once the procedure is complete, promptly re-dress the infant to ensure that exposure does not cause hypothermia.



SITTING POSITION

Hold the infant on the edge of the cot or bed, in a sitting position, with the infant facing the holding nurse. Place the infant's thighs against abdomen.

Their head should naturally fall forwards. Use hands to hold their arms and legs.











ALERT

Excessive flexion of the head and neck can cause airway obstruction.

Do not leave the infant unattended.

Notify the senior clinician in any adverse event (eg. hypoxia).





CHQ-NSS-51006 Holding for a Lumbar Puncture v2.0 Developed by the State-wide Emergency Care of Children Working Group, December 2022

Tips in children

- Consider the use of oral sucrose 24% to minimise procedural discomfort. A medical order and parental consent is required prior to use. Please note at selected sites sucrose may be approved as a nurse initiated medication. Check your local policies and procedures for further guidance.
- If the LP is not a time critical procedure, consider the use of a topical anaesthetic cream. This is applied to the procedure site in preperation for the procedure. Follow the procedure of your local health facility.
- Use overhead heating if available during the procedure to keep the infant warm and reduce exposure induced hypothermia.

For further information:

CHQ Guideline: Paediatric Lumbar Puncture

Video:

Holding a Neonate or Infant for a Lumbar Puncture

References:

Metro North Health Service. (2022, April). 001779: Lumbar Puncture, Neonate. Retrieved November 9, 2022 <u>https://qheps.health.</u> <u>qld.gov.au/____data/assets/pdf_file/0047/2779967/001779.pdf</u>

The Royal Children's Hospital Melbourne . (2020). Lumbar Puncture. Royal Children's Hospital Clinical Practice Guidines. Retrieved November 9, 2022, from <u>https://www.rch.org.au/clinicalguide/guideline_index/Lumbar_puncture/</u>

This Queensland Paediatric Emergency Skill Sheet was developed and revised by the Emergency Care of Children working group Initial work was funded by the Queensland Emergency Department Strategic Advisory Panel.

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- Providing care within the context of locally available resources, expertise, and scope of practice.
- Supporting consumer rights and informed decision making in partnership with healthcare practitioners including the right to decline intervention or ongoing management.

- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary.
- Ensuring informed consent is obtained prior to delivering care.
- Meeting all legislative requirements and professional standards.
- Applying standard precautions, and additional precautions as necessary, when delivering care.
- Documenting all care in accordance with mandatory and local requirements.

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