

Name: (person performing procedure)	_____
Supervising Physician's Name:	_____
Medical Record Number: (patient)	_____
Date:	_____

**Clinical Competence Evaluation Tool
Lumbar Puncture**

Critical Actions

Yes	No	Action
		Informed consent obtained (if able)
		Pt. positioned properly and comfortably
		Universal barrier protection utilized
		Sterile Skin prep performed
		L 2-3, 3-4 disk spaces located
		Needle Orientation appropriate
		CSF obtained
		Fluid collected in appropriate tubes

Non-Critical Actions

Yes	No	Action
		Procedure explained to patient in professional caring manner
		Complete equipment obtained prior to beginning procedure (LP kit, betadine or chlorhexadine, gloves, table, stool)
		Skin draped in sterile fashion
		Anesthesia adequate for procedure
		Needle selection appropriate
		Needle insertion technique appropriate
		Needle resistance used to identify tissue plains
		Opening pressure measured (if laying)
		Appropriate amount of fluid obtained
		Bandage applied to wound
		Tubes labeled by proceduralist
		Horizontal mattress placed for future skin closure
		Orders for appropriate lab studies written
		Patient cleaned and repositioned for comfort

Comments:
