GREENVILLE HOSPITAL SYSTEM NURSING SERVICE POLICY & PROCEDURE
MYELOGRAM, CARE OF THE PATIENT PRE- AND POST-

PERSONNEL:

Registered Nurses
Licensed Practical Nurses
Student Nurses, under direct supervision of a Registered Nurse

DESIRED OUTCOME:

To prepare the patient physically and mentally for myelogram. To detect and treat post myelogram complications.

SUPPORTIVE DATA:

• GHS Policy Directive, S-50-31 – Consents
• GHS Policy Directive, S-50-29 – Sedation, Moderate and Deep

INFECTION CONTROL:

Standard precautions
Appropriate Personal Protective Equipment (PPE)

EQUIPMENT:

1. Monitor
2. Micromedex

PRE-PROCEDURE:

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<th>STEPS</th>
<th>KEY POINTS</th>
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<td>1. Identify the patient and perform hand hygiene. Using patient teaching material, reinforce the physician’s explanation of the procedure.</td>
<td>1. To allay anxiety and gain his/her cooperation.</td>
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### STEPS

2. Follow the physician’s orders regarding labs, food, fluid and skin prep prior to procedure. (Refer to X-Ray prep manual page 4.)

3. Notify the physician performing the procedure if anticoagulants do not meet the following recommendations for elective Lumbar Puncture:

   - **Warfarin/Coumadin**: discontinue 5 days, recheck PT/INR day of procedure
   - **Clopidogrel/Plavis**: discontinue 7 days, no labs
   - **Ticlopidine/Ticlid**: discontinue 14 days, no labs
   - **GP IIb/IIIa inhibitors**:
     - **Abciximab/Reoopro**: discontinue 48 hours, no labs
     - **Tirofiban/Aggrastat**: discontinue 8 hours, no labs
     - **Eptifibatide/Integrilin**: discontinue 8 hours, no labs
   - **Heparin**:
     - **IV (unfractionated)**: discontinue 4 hours prior; draw aPTT and platelets. Restart 1 hour after procedure.
     - **SubQ (unfractionated)**: no contraindication less than 10,000 units/day. For higher doses, see IV guidelines.
   - **Lovenox**: Discontinue for 24 hours, no labs, restart in 24 hours
   - **Arixtra**: discontinue 2 days

   No contraindication with Aspirin or NSAIDS.

4. Have the patient dress in a hospital gown without metal snaps. The patient may wear pajama pants or underwear to x-ray, but may not wear a bra.

5. Assess for allergies to x-ray dye or iodine and notify Radiologists.

### KEY POINTS

2. Current PT and PTT should be on patient record prior to procedure to screen for anticoagulants and/or medications altering clotting time. The patient is usually NPO prior to procedure. (See GHS Policy Directive, S-50-29.)

3. Consult the cardiologist about continued medication use if the patient has had a bare metal stent placed within 30 days or a coronary stent placed within one year.

4. The patient may be more comfortable in his/her own clothing, but gowns with snaps and bras interfere with the procedure. Patients must take responsibility for safekeeping of their own jewelry.

5. Reduce risk of allergic reaction.
**STEPS**

6. Document pre-procedure medication taken by or given to the patient as it relates to contrast allergy. (Refer to e-form M10377.)

7. Take and record temperature, pulse, respirations and blood pressure.

8. Send the medical record, MAR, and daily nurses notes (chart) to X-ray. Also include spinal fluid requisitions and six (6) labels printed with the patient’s information.

9. CT scan, if ordered, prior to discharge or transport to the floor.

**KEY POINTS**

6. Clarification of pre-procedure medications affect whether the patient can proceed with procedure. See #3.

7. To provide baseline data for later evaluation.

8. The chart is needed for reference during the procedure. Spinal fluid will be sent to the laboratory for analysis. Labels are needed to correctly identify specimens.

9. If CT scan is ordered, it must be done for test completion in the specific time frame.

**POST-PROCEDURE CARE IS DETERMINED BY THE TYPE OF CONTRAST DYE USED.**

10. Upon return from X-ray, assist the patient to transfer from stretcher to bed. Since a water-based or non-ionic medium is used for the procedure, the patient may move slowly. The head of the bed should be elevated 30 to 45 degrees or higher.

11. Check and record vital signs. Assess the puncture site and neurological status every 30 minutes x 4.

12. Follow the physician’s post procedure orders regarding activity following the myelogram.

13. Encourage liberal fluid intake during the first 24 hours following myelogram.

14. Observe for changes in neurological status, vital signs, headache, and nausea. Report significant changes to radiology physician.

**DOCUMENTATION:**

Document all observations and care of the patient in the appropriate record.
REFERENCES:


REVISION AUTHOR:

Lisa Moore, BSN, RN, Radiology Nurse Manager

REVIEWED BY:

Sheila Craig, RN, Radiology Charge Nurse/Clinical Advisor
Nursing Clinical Practice Council

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APPROVAL SIGNATURES APPEAR ON THE ORIGINAL DOCUMENT THAT IS ON FILE IN THE OFFICE OF THE CHIEF NURSING OFFICER FOR:

Ronald Cowley, MD
Medical Director, Neuro Interventional Radiology

Suzanne K. White, MN, RN
Vice President, Patient Care Services/Chief Nursing Officer

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