

## **Diagnostic spinal tap policy**

The medical staff credentialed to perform spinal taps includes anesthesiologists, ER doctors, intensivists, neurologists, and radiologists. Our radiologists only perform them in IR under fluoroscopy. Hospitalists are not credentialed for spinal taps. The policy is based on patient location:

- ER docs will do taps for ED patients. If they are unsuccessful, they will be sent to IR during regular hours. Anesthesia will be called during off hours
- Neurologists will do taps on RNF patients. If they are unsuccessful or not in house, they will be sent to IR that day or the next day
- Intensivists will do taps on ICU patients. If they are unsuccessful, they will be sent to IR that day. If it is off hours, they will be sent to IR the next day (unless the result is needed stat - then anesthesia may be called). If they are too critical to be sent to IR, there are two options:
  1. Have the radiologist schedule the case in room 15 under MAC
  2. Have the anesthesiologist do the tap at the bedside

## **Consults for an epidural blood patch**

Blood patches are to be scheduled as a surgical case and are done in the PAA or PACU. The anesthesiologist or Cindy books the case by calling the surgery desk or the nursing supervisor. They require a procedure note, and for outpatients, a short-form H&P.

If it is off hours, the nursing supervisor will call in PACU staff to do the case. The PACU staff can assist with the patch, recover the patient, and discharge the patient to home, so there is no need to call in OR staff.

The timing of a blood patch is up to the individual anesthesiologist's discretion. If the consult comes at an inopportune time, it is acceptable to admit the patient (if you are willing to do the extra paperwork).

If the symptoms are not severe or inadequately treated, it is acceptable to send the patient home with a trial of conservative therapy.

Radiologists and ER physicians are not credentialed to perform blood patches.