Empowering Patients to Reduce Lumbar Puncture Associated Spinal Headaches



Presenter: Mentors:

Stephanie Lindsay, Nursing Student Wilson School of Nursing Stephanie Baker, MSN, RN Robin Lockhart, PhD, MSN, RN, CNE



Objectives

- Determine risk factors for developing post-lumbar puncture headaches (PLPH)
- Determine interventions to prevent
 PLPH
- Determine interventions to treat
 PLPH
- Develop nurse and patient education materials

Introduction

- Post-lumbar puncture headache is a common complication of a lumbar puncture procedure
- Worsens when in an upright position
- Headache is alleviated when lying down
- Resolves within one week
- Most commonly prescribed treatments are often ineffective
- Most common treatments are prolonged bed rest, analgesics, and increased fluid intake

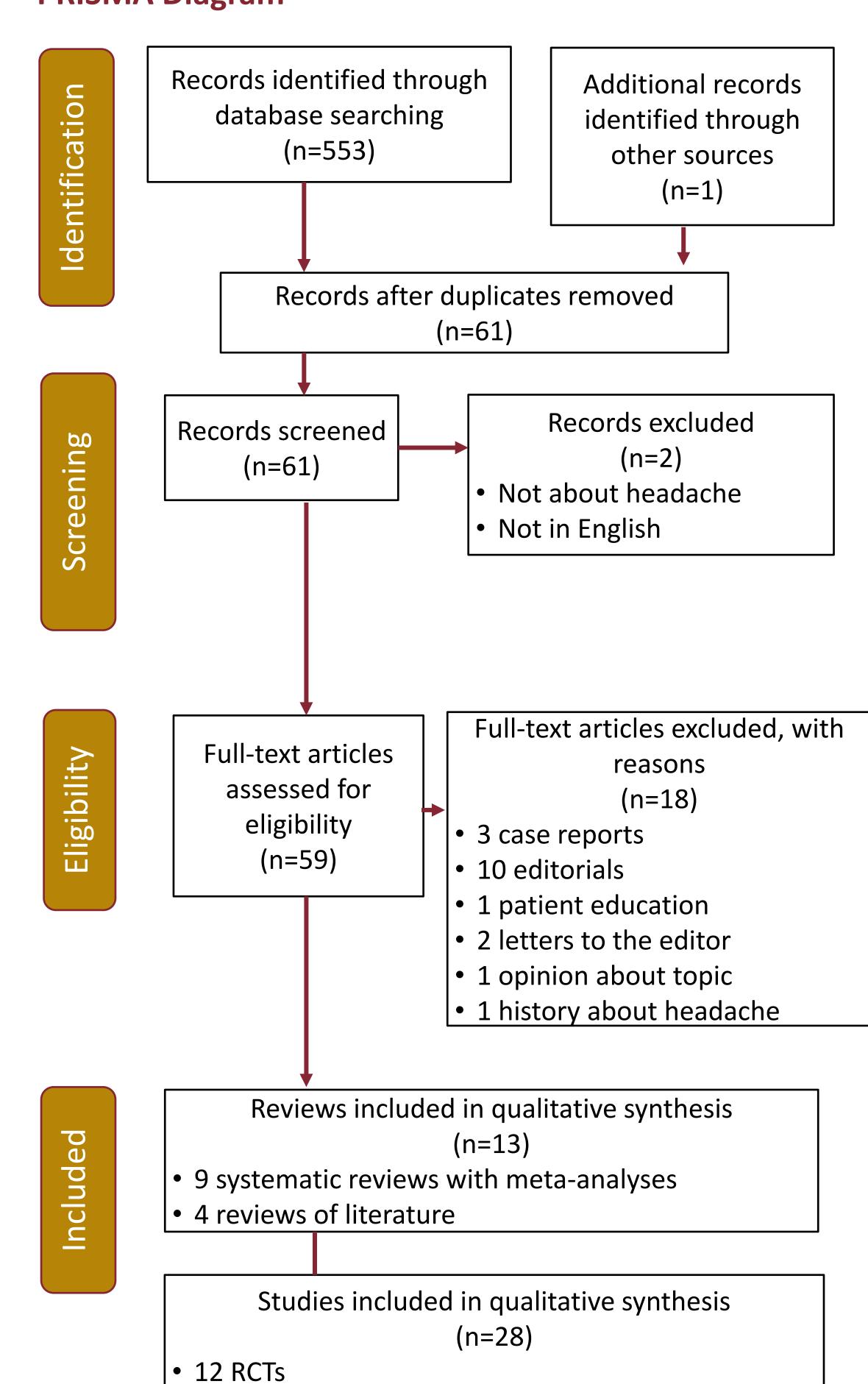
Rationale

- Lack of knowledge about risk, prevention, and treatment among persons having a lumbar puncture
- Most commonly prescribed treatments are often ineffective
- Nurses have contact with patients having a lumbar puncture and can provide patient education to improve outcomes

Methods

- Systematic review of the research literature
- Databases used: CINAHL complete,
 Medline complete, and Health Source:
 Nursing/Academic Edition.
- 41 total reviews and studies included

PRISMA Diagram



raumatic Traumatic

12 cohort studies

4 case control studies

Results

- Risk factors that increase headache incidence
 - Low body mass index
 - Female
 - Age: younger than 30 years old
- Effective prevention interventions
 - Smaller gauge needles (i.e. 25 gauge)
 - Atraumatic needles (pencil-point or Whitacre)
 - Less CSF fluid removed
- Treatments that made a minimal difference
 - Increasing fluid intake
 - Prolonged periods of rest
 - Administering intravenous caffeine
- Treatments that were most effective
 - Blood patch
 - Certain medications such as morphine, aminophylline, dexamethasone, cosyntropin, pregabalin

Risk Factors

	Young Age (< 30 y/o)	Female (gender)	Low Body Mass Index
Systematic Review	_	_	_
Literature Review	2	3	1
Random Controlled Trial	_	1	-
Cohort Study	3	2	_
Case Report	2	1	1

Prevention

MIDWESTERN STATE UNIVERSITY

	Atraumatic vs. Traumatic Needle	Size (gauge) of Needle	Smaller CSF Collection
Systematic Review	4	1	-
Literature Review	3	1	-
Random Controlled Trial	4	1	-
Cohort Study	3	1	2
Case Report	-	2	-

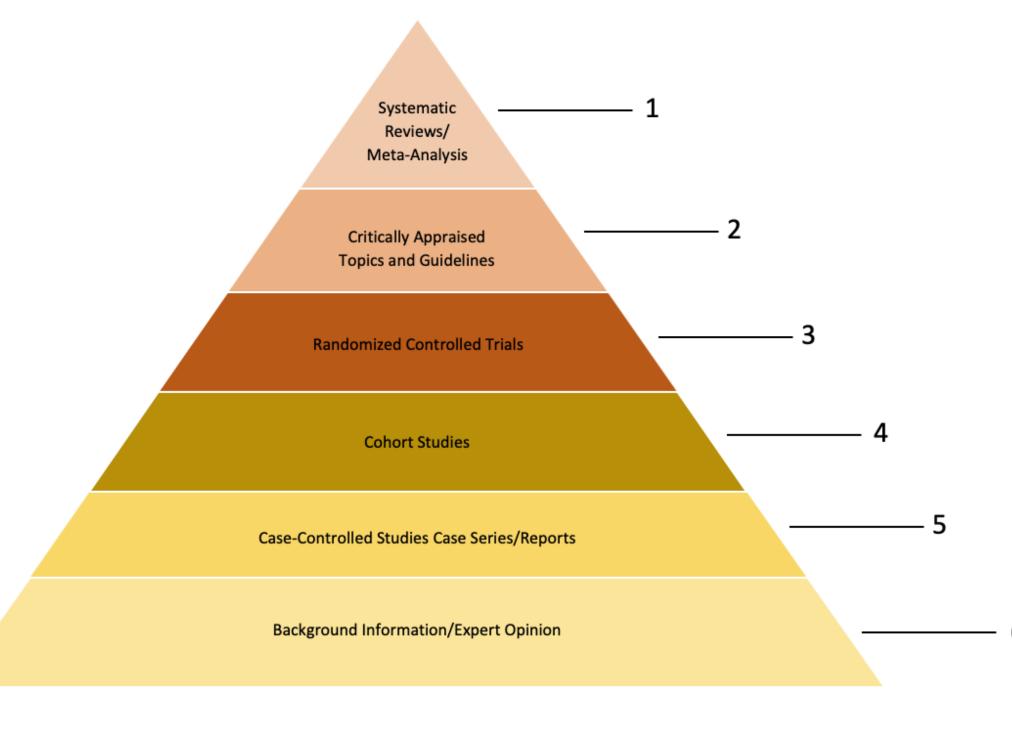
Strengths and Limitations

- Strengths
 - Strong support for use of atraumatic needles
 - Moderate support for smaller needles and less CSF removal
- Limitations
 - Studies had methodological limitations
 - Difficult to deduce conclusions across studies
 - Weak support for risk factors and treatment interventions except blood patch

Outcomes

- Created a patient education brochure and an online nursing continuing education program
- Writing a systematic review of the research literature article for submission to a nursing professional journal
- Presenting a poster at a national nursing honor society conference

Level of Evidence Hierarchy (LOE)



Adapted from Ohio State University: Baker, A. (n.d.). Evidence based practice pyramid [online image] Retrieved from http://www.guides.osu.edu/Pharmacy/FRM