



**Cerebrospinal Fluid (CSF)
Drainage Record**

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____

MUST ATTACH PATIENT LABEL HERE

Date / /

INSTRUCTIONS:

1. CSF Drainage System – EVD LSD OTHER
2. Drain insertion date: _____
3. ZERO EVD to external auditory meatus. ZERO LSD to _____
4. *Continuous EVD drainage without monitoring / Continuous EVD drainage & ICP monitoring / Intermittent EVD drainage & ICP monitoring* (circle as appropriate).
5. Drainage – circle either *a* or *b*: a) Height of EVD drain (cmH20/mmHg) _____
b) LSD ml per hour _____
6. Report drainage less than _____ mls in _____ hours
7. Report drainage in excess of _____ mls in _____ hours

EVD monitor transducer set changed every 96hrs
Last changed on _____

Name of Medical Officer _____ Signature _____

CSF Drainage					Drainage System Checks		
TIME	Hourly Volume	Total Volume	CSF Colour	Drain Height	Clamps	Patent	Nurse Sign
					Open / Closed	Yes / No	
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							
2000							
2100							
2200							
2300							
2400							
0100							
0200							
0300							
0400							
0500							
0600							
0700							
24 HOUR TOTAL		Please record 24 hour total on Fluid Balance Chart					

GUIDELINES:

1. Adjust the drip chamber to the prescribed height or adjust for ml per hour as instructed by medical team.
2. Report to medical team immediately if: a) No CSF drainage or if drain is not patent b) If drainage outside of above parameters.
4. Only clamp drain as instructed by medical team. Report if CSF leak occurs.
5. Refer to External Ventricular Drain (EVD) – Paed RBP for further information.
6. Contact On call Neurosurgery Registrar if concerned.

CSF SPECIMENS taken and sent to Lab:	Name:	Time:
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