NCCU CLINICAL GUIDELINES

SECTION: 15

NEUROLOGY

VENTRICULAR TAP

A ventricular tap is indicated to:
- Drain cerebrospinal fluid in non-communicating hydrocephalus
- Diagnose ventriculitis
- Administer intraventricular drugs

A ventricular tap is performed by medical staff deemed competent in the procedure and is a sterile aseptic procedure. Prior to a ventricular tap, an ultrasound should be performed to confirm ventriculomegaly and measurements taken to confirm the depth and direction of needle insertion.

REFER TO INSERTION OR REVISION OF A VENTRICULOPERITONEAL SHUNT for further information on management.

EQUIPMENT
Shave pack / Skin prep as per gestation
Sterile drapes / Dressing pack
Lumbar puncture needle (size 22G or 23G)
Specimen bottles – appropriate bottles for specific tests

PROCEDURE

The infant must have continuous monitoring and have resuscitation equipment at hand.

- Shave the scalp overlying the lateral angle of the anterior fontanelle.

- Clean a wide area of the shaved head with appropriate solution.

- Position the infant supine with the top of the infant's head facing toward the operator.

- Insert the spinal needle into the lateral ventricle of the fontanelle and advance it toward the inner angle of the ipsilateral eye. The needle should be inserted smoothly without change of direction to minimise trauma to the brain.

- Once the ventricle has been penetrated, the stylet is removed and the CSF should drip out rather than be aspirated.

- Once the required amount of CSF is obtained the needle should be removed and pressure applied to the area to prevent leakage of CSF.

- Wash off chlorhexidine when the procedure is completed.

- The infant's tolerance of the procedure should be noted in the infants progress notes.

This document should be read in conjunction with the NCCU Disclaimer.