

Procedure HOOPLAB3150

Subject	HOOPLAB3150 - Critical Laboratory Value Communications		
Department / Location	Hoopeston Lab / Procedures		
Owner	East Region Laboratory Manager		
Reviewer(s)			
Effective Date	01/13	Review Frequency	1 Year
Approval Date	04/04/2024		
Additional Scope			

Attachments N/A

Purpose

- A. Method / Principle
 - 1. To define which verified laboratory test result indicates a severe illness or a life threatening condition. An alert value result requires laboratory staff to initiate notification of the ordering physician, or others as defined in the notification procedure within 5 minutes for ED/Inpatients and up to 30 minutes for outpatients of result verification.

Definitions N/A

Statement of Policy

- A. It is the policy of Carle Hoopeston Regional Health Center Laboratory to **verbally** notify the ordering physician, or others as defined in the notification procedure, whenever the verified result of a pre-defined laboratory test exceeds the limits stated below.
- B. When communicating results about a patient with a caregiver, two patient identifiers will be used.
 - 1. When communicating with a Carle caregiver, the patient's full name and medical record number will be used as the identifiers.
 - 2. When communicating with non-Carle caregivers, the patient's full name and date of birth will be used.
- C. Laboratory staff will request that the person receiving the verbal result repeat/read back the result.
 - 1. Documentation of the telephone call (date, time, first and last name, credential, and read/repeat back confirmation) is recorded in the LIS call box.
 - 2. Read/repeat back confirmation is noted using RB.
- D. All Alert values will be reviewed and documented by the section manager or designee.
- E. When lab staff receives verbal alert values from Reference Laboratories, they will read back the results to the caller to ensure correct transfer of information.
 - 1. Documentation of the telephone call and result read back will be placed in the order comment section of the LIS order.

Test	<u>Alert</u>

Printed copies are uncontrolled documents. Refer to the intranet for the most current version.

HGB	<u>≤</u> 8.0 <u>≥</u> 22.0
НСТ	<u>≤20.0</u> <u>≥</u> 60.0
PLATELET	<u>≤</u> 30 (Oncology <u>≤</u> 10) <u>≥</u> 1000
DIFF	>5% immature cells >75% lymphocytes
WBC	≤2.5 ≥30 OP ≤2.0 ≥25 IP Excluding Oncology
DDIMER	<u>≥</u> 0.5
TROPONIN	<u>≥</u> 105
NA	<u>≤</u> 120 <u>≥</u> 160
К	<u>≤</u> 2.8 <u>≥</u> 6.2
GLUCOSE	<u>≤</u> 54 <u>≥</u> 400
СА	<u>≤</u> 6.0 <u>≥</u> 13.0
CREATININE	<u>≥</u> 5.0
PHOS	<u>≤</u> 1.0 <u>≥</u> 10.0
MG	<u>≤</u> 1.2 <u>≥</u> 5.0
РН	<7.30 >7.50
PCO2	<30 >50
PO2	<u><</u> 84 absurd ≥151
ACETAMINOPHEN	<u>≥</u> 30.0
DIGOXIN	>2.0
PHENYTOIN	>20
SALICYLATE	<u>≥</u> 30.0
VALPROIC ACID	<u>≥</u> 150
PROTIME	INR <u>≥</u> 5.0
PTT	<u>≤</u> 19.0 <u>≥</u> 53.8 OP <u>≥</u> 150.1 IP
CSF GLUC	<u>≤</u> 30 <u>≥2</u> 80
CSF	Positive
BLOOD CULTURE	Positive
UNIT TRANSFUSION	Reaction
ANTIBODY SCREEN	Positive
VANCOMYCIN TROUGH	≥20

Other Related Links N/A

References N/A

Electronic Approval on File

Ikechukwu L. Uzoaru, MD Hoopeston Laboratory Medical Director