

# CHEMISTRY CRITICAL VALUES

TEST	LOW	POSSIBLE EFFECT	HIGH	POSSIBLE EFFECT
24 hour Urine Protein for O.B.			>300mg/24hr	Pre-eclampsia
Bicarbonate (Serum)	<10 MEG/L	Complex interwoven pattern of acidosis, alkalosis and anoxemia	>40 MEG/L	Complex interwoven pattern of acidosis, alkalosis and anoxemia
Bilirubin, Neonatal			$\geq$ 15 mg/dl	
Calcium	<6 mg/dL	Tetany and convulsions	>14 mg/dL Newborn (0-3 mos.) >12 mg/dL	Coma
Ionized Calcium	<0.78 mmol/L		>1.57 mmol/L	
Glucose	<40 mg/dL	Brain damage	>500 mg/dL Newborn (0-3 mos.) >200 mg/dL	Diabetic coma
Magnesium	<1 mg/dL	Tetany	>5 mg/dL	Increase in atrioventricular conduction
Phosphorus	<1.0 mg/dl	Coma	> 9.0 mg/dl	Tetany and convulsions
Potassium	<2.5 mEq/L	Muscle weakness, paralysis, cardiac arrhythmia's	>6.5 mEq/L Newborn (0-3 mos.) >7 mEq/L	Cardiotoxicity with arrhythmia's
Sodium	<120 mEq/L	Dehydration and vascular collapse	>160 mEq/L Newborn (0-3 mos.) >155 mEq/L	Edema, hypervolemia, heart failure
pH (arterial capillary)	<7.2	Severe acidosis, life threatening	>7.6	Severe alkalosis, life threatening
p02 (arterial or capillary)	<40 mmHg	Complex interwoven pattern of acidosis, alkalosis, and anoxemia		
PCO2 (arterial or capillary)	<20 mmHg Newborn (0-3 mos.) <30 mmHg	Complex interwoven pattern of acidosis, alkalosis, and anoxemia	>70 mmHg	Complex interwoven pattern of acidosis, alkalosis, and anoxemia
Qualitative HCG on Trauma Patients			Positive Borderline	
Vitamin D			>150 ng/ml	
Lactic Acid			>= 4.0 ,mmol.L	
Troponin T			>50 ng/L	If none within the last 72 hrs



## THERAPEUTIC DRUG CRITICAL LEVELS

TEST	LOW	POSSIBLE EFFECT	HIGH	POSSIBLE EFFECT
Digoxin			>3.0 ng/mL	Gastrointestinal and
				CNS symptoms,
				disturbance of
				cardiac rhythm
Dilantin (Phenytoin)			≥ 30 ug/mL	
Gentamicin			>12 ug/mL peak	Hypoventilation,
				ototoxicity,
				nephrotoxicity
Lithium			>2.0 mmol/L	
Phenobarbital			>40 ug/mL	nausea, vomiting,
				diplopia, dizziness,
				ataxia, lethargy,
				coma
Theophylline			>24 ug/mL	Nausea, insomnia,
				nervousness,
				headaches,
				arrhythmia's, seizures
Valproic Acid			>150 ug/mL	
Vancomycin			>80 ug/mL	

# TOXICOLOGY DRUG CRITICAL LEVELS

	LOW	POSSIBLE EFFECT	HIGH	POSSIBLE EFFECT
Acetaminophen			>50	(potentially toxic if >12 hours since ingestion)
Alcohol			>400 mg/dL	
Salicylate			>30 mg/dL	



#### **HEMATOLOGY CRITICAL LEVELS**

TEST	LOW	POSSIBLE EFFECT	HIGH	POSSIBLE EFFECT
Hemoglobin	$\leq 6 \text{ gm}$ $\leq 8 (0-31 \text{ days old})$	Heart failure and anoxemia	$\geq 20.0$ $\geq 24 \text{ (0-31 days old)}$	
Hematocrit			≥70 (0-31 days old)	
Platelet Count	≤ 20,000	Hemorrhage	≥ 1,000,000	Hemorrhage, thrombosis
INR			≥ 5.0 INR	Hemorrhage
PFA			ADP > 300	Hemorrhage

## **OTHER SIGNIFICANT RESULTS**

TEST	ACTION TAKEN
HIV from Source of Body/Blood fluid exposure	All are called to Deaconess Hospital Comp Center for DH/GWH exposures or to the phone number provided ASAP after screen results are obtained.
Hepatitis A Antibody	Positives are faxed to ordering physician and called to Infection Control (3449) on day shift Monday – Friday or to Vanderburgh County Health Department.
Hepatitis B Surface Antigen	Positives are faxed to the ordering physician Monday – Friday and are reported to Indiana State Department of Health (ISDH) weekly.
Hepatitis C Antibody	Positives are faxed to the ordering physician Monday – Friday and are reported to Indiana State Department of Health (ISDH) weekly.
HIV	Confirmed positives are faxed to ordering physician Monday – Friday and are reported to Indiana State Department of Health (ISDH) weekly.
BHCG (ER Trauma only)	Positives are called immediately to ER nurse.
WBC – (ED or OP once every 90 days)	Values $\leq 0.5$ are called immediately to the ordering physician.
Absolute Neutrophil Counts (Evansville State	Values $\leq 1.0$ are called immediately to the State Hospital
Hospital)	Laboratory personnel.

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#### **CRITICAL AND SIGNIFICANT RESULTS IN MICROBIOLOGY**



The following **positive** cultures, stains or serological results are <u>called</u> to the physician <u>OR</u> to the unit where the patient is assigned. INPATIENTS: results are given to nurse caring for patient. They will notify physician. OUTPATIENT: results are given to office staff, nurse preferred. Critical values are called within 15 minutes of test result being known. Significant results are called within an hour of result.

Critical Value - Call within 15 minutes of result		
TEST	RESULT CALLED	
Blood Culture	Bacteria or yeast seen on stain, positive rapid	
	coagulase.	
Blood Parasite Smear	First positive smear with % parasitemia.	
CSF	Bacteria or yeast present in stain, growth in culture	
	and sensitivity.	

Significant Result – Call within 1 hour of result		
TEST	RESULT CALLED	
AFB	Stain, culture, sensitivity results	
Bordetella pertussis	Positive culture, DFA, PCR	
Clostridium difficile toxins A & B	First positive test	
Cryptococcal antigen	First positive test	
ESBL Gram Negative Rods	First Positive Culture	
Eye Culture	Positive culture if aspirate/scraping	
Fungi	Significant isolate as Cryptococcus neoformans,	
	Histoplasma, Blastomyces, Coccidioides, eye	
	culture growing Fusarium.	
Herpes Simplex	Positive culture from eye, sterile body site, tissue or any	
	site for neonate/newborn	
Influenza A and B (rapid test)	Positive to physician offices	
Legionella Urinary Antigen	Positive	
Multi Drug Resistant Organism	KPC, VISA, VRSA, Acinetobacter, Burkholderia and others considered MDRO (first isolate)	
Neisseria meningitidis	Blood, sterile body site stain and/or culture	
Penicillin resistant Streptococcus pneumoniae	First Positive	
RSV (rapid test)	Positive to physician offices	
Sterile body sites	Stain or positive culture	
Streptococcus pneumoniae urinary antigen	Positive	
Stool Pathogens	Salmonella, Shigella, Yersinia, Campylobacter, E. coli	
	0157, Vibrio, Aeromonas, Giardia or Cryptosporidium	
	antigen, parasites, Shiga Toxin 1 or 2	
Vancomycin Resistant Enterococcus (VRE)	First Positive	