

## CRITICAL AND ALERT VALUES OUTREACH CLIENTS

A critical value is defined as a laboratory test value that may be life threatening and requires immediate clinical attention. Results are given to and read-back by a licensed care-giver (RN, PA, MD). For outpatients, a call is made to the physician's office during office hours; or directly to the physician after office hours.

	<b>ALERT CALLS</b> Outpatients: Call all tests below between 0700 - 2200 (Read-Back not required)	<b>CRITICAL READBACK</b> Call both IP and OP 24/7, including Saturdays, Sundays and holidays (Read-Back required by licensed health care provider – RN, PA, MD)
<b>Chemistry</b>		
Amylase	>300 IU/L	
ALT (SGPT)	>500 IU/L	
AST (SGOT)	>500 IU/L	
Bilirubin, Total	>15	
Bilirubin, Total, Newborn	15-20	>20
BUN	>100 mg/dL	
Calcium <b>NOTE: Do not repeat IP critical read-backs within 7 days or outpatient critical readbacks within 60 days. Alert calls still necessary.</b>	6.5 – 7.0 and 12.5 – 13.0	<6.5 and >13.0 mg/dL
Calcium, Ionized	<0.82 and >3.00 mmol/L	
Carbon Dioxide	<15 and >44 mmol/L	
Chloride	<80 and >115 mmol/L	
CK(CPK)	>1000 IU/L	
CK(CPK) MB with CK MB Index (outpatient) <b>Note: CK MB Index is the key value.</b>	>5.0 ng/mL and ≤ 10.0 ng/mL >3.0% and ≤5.0%	>10.0 ng/mL >5.0 %
Creatinine (outpatient)	>6.0 mg/dL	
Glucose		<50 and >500 mg/dL
Glucose (newborn)		<40 and >300 mg/dL
Lactic Acid	>2.0 and <4.0 mmol/L	≥4.0 mmol/L
LDH	>1500 IU/L	
LDH Isoenzymes	BAND 1>2	
Magnesium	<1.0 and 3.5-7.0 mEq/L	>7.0 mEq/L
Phosphorus, Inorganic	<1.0 mg/dL	
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pO2 (<1 yr old)	>100 mm Hg (<1 year old)	<40 mm Hg (<1 year old)
pO2-Arterial (>1 yr old)		<40 mm Hg (>1 year old)
pCO2 (arterial)	<25 and >60 mm Hg	
pH-ABG (arterial)	7.1 – 7.2	<7.1 and >7.65
Potassium	2.5 – 2.9 and 6.1 – 6.5 mmol/L	<2.5 and >6.5 mmol/L
Sodium	115 – 119 and 161 – 165 mmol/L	<115 and >165 mmol/L
Troponin- T	>0.04 ng/mL and ≤0.1 ng/mL	>0.1 ng/mL
Uric Acid	>12.0 mg/dL	

<b>Urinalysis</b>		
Glucose - pediatrics (age<10)	Any positive	
AKIRisk Score (NephroCheck)		≥ 0.3
<b>Hematology</b>		
Hemoglobin	5.0 – 7.0 and >20 g/dL	<5 g/dL <i>*or Drop by 5 grams or 50%</i>
Platelets	<40,000 and >800,000/uL	<15,000/uL (non-oncology)
INR	5.0 – 6.0	>6.0
Partial Thromboplastin Time PTT	100 - 120 sec	>120 sec
WBC	<2,000 and >25,000	
Absolute Neutrophil Count	<500	
Blast Cells	Blast identified (new patients)	
Differential	<10% PMNs	
D-dimer (Quantitative)	>500	
FDP		≥ 20 µg/mL
Fibrinogen	<100	
Kleihauer-Betke	Fetal Cells Present	
Reticulocyte Count	>25%	
CSF WBC (pediatric patients <18 years old)		Any amount
Unfractionated Heparin Anti-Xa		0.99 IU/mL
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<b>Toxicology</b>		
Acetaminophen		>50 ug/mL
Amikacin-Peak		>30 ug/mL
Amikacin Trough		>8.0 ug/mL
Carbamazepine (Tegretol)		>20 ug/mL
Digoxin (Lanoxin)		>2.5 ng/mL
Gentamicin – Peak		>12 ug/mL
Gentamicin – Trough		>2.5 ug/mL
Lithium		>1.2 mEq/L
Methotrexate		>15.0 umol/L
Phenobarbital (Antrocol)		>50 ug/mL
Phenytoin (Dilantin)		>30 ug/mL
Free Phenytoin		>3.0 ug/mL
Primidone (Mysoline)		>15 ug/mL
Salicylates		>30 mg/dL
Theophylline (Theo-dur)		>25 ug/mL
Theophylline (Newborn)		>16 ug/mL
Tobramycin – Peak		>12 ug/mL
Tobramycin – Trough		>2.5 ug/mL
Valproic Acid (Depakene)		>175 ug/mL
Vancomycin – Peak		>60 ug/mL
Vancomycin - Trough		>30 ug/mL

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<b>Microbiology</b>		
<i>*Indicates to call infection prevention as well as provider</i>		Positive culture or Gram stain on CSF
		STAT Gram stains – OR Only
		*Isolation of <i>N. meningitidis</i> from blood culture
		Isolation of Group B strep from blood or respiratory culture (<1 year old)
		*Any isolate in which agent of bioterrorism can not be ruled out ( <i>B. anthracis</i> , <i>B. mallei</i> , and <i>pseudomallei</i> , <i>Brucella spp.</i> , <i>F. tularensis</i> , <i>Y. pestis</i> )
		*Decreased susceptibility to vancomycin for <i>S. aureus</i> (VISA, VRSA)
	Positive smears/cultures in normally “sterile” body fluids, tissues and eye cultures (other than conjunctiva)	
	Gram stain from respiratory source with yeast resembling <i>Cryptococcus Blastomyces</i> , or hyphal elements resembling mold	
	First positive blood culture direct Gram stain and/or if culture subsequently grows organization that does not match Gram stain morphology not seen on direct smear	
	<i>N. meningitidis</i> recovered from sites other than blood/CSF	
	Stool pathogens: <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>Clostridium difficile</i> , <i>Yersinia</i> , <i>E. coli</i> 0157:H7	
	<i>N. gonorrhoeae</i> isolated from pediatric patient (<14 yo)	
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	<i>Nocardia</i> isolated from any site	
	Positive <i>C. difficile</i> antigen/GDH or PCR	
	MDR <i>Acinetobacter</i> and <i>P. aeruginosa</i> – inpatient only	
	CRE (mCIM positive) – inpatient only	
	Following organisms from tissue/wounds: <i>A. hydrophilia</i> , <i>C.</i>	

	<i>perfringens, S. pyogenes, V. vulnificus</i>	
	*First positive AFB smear	
	*First positive <i>M. tuberculosis</i> – probe, NAAT, or culture	
	Following fungi/yeast isolated from any site: <i>B. dermatitidis, C. neoformans / gatti, C. immitis, H. capsulatum, T. marneffeii, zygomycetes</i>	
	<i>A. fumigatus</i> BALs and bronchial washes	
	* <i>Candida auris</i>	
<b>Blood Bank</b>		
Rapid HIV (SUDS)	Negative	Positive
<b>Molecular Pathology</b>		
HSV PCR (CSF)		Positive HSV PCR (CSF)
CMV PCR (CSF)		Positive CMV Qualitative PCR (CSF)