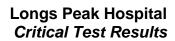


Critical Results:

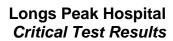
Critical test results are reported to a licensed caregiver within 30 minutes.

Test	Units	Critical Value(s)	Age	Sex
Acetaminophen Blood	ug/mL	>=40.0	Unspecified	Unspecified
Activated Partial Thromboplastin Time	Seconds	>= 150.0	Unspecified	Unspecified
Base Excess Arterial Cord	mmol/L	<-11.9	Unspecified	Unspecified
Base Excess Capillary	mmol/L	<-6	Unspecified	Unspecified
Base Excess Venous Cord	mmol/L	<-11.9 or >14.9	Unspecified	Unspecified
Bicarbonate Arterial	mmol/L	<=12 or >=40	Unspecified	Unspecified
Bicarbonate Capillary	mmol/L	<=15.0 or >=35.0	Unspecified	Unspecified
Bilirubin Total Cord Blood Bilirubin Total Neonatal	mg/dL	>4.0 >14.9	Unspecified 0D - 1M	Unspecified Unspecified Unspecified
Calcium Serum/Plasma	mg/dL	<6.0 or >12.0	Unspecified	Unspecified
Carbon Dioxide CO ₂	mmol/L	<=9 or >=40	Unspecified	Unspecified
Carbon Monoxide	%	>20.0	Unspecified	Unspecified
Carboxyhemoglobin	%	>20.0	Unspecified	Unspecified
Digoxin	ng/mL	>=3.0	Unspecified	Unspecified
Ethanol Blood	mg/dL	>=400	Unspecified	Unspecified
Fibrinogen	mg/dL	<100	Unspecified	Unspecified
Gentamicin Peak Gentamicin Random	ug/mL	>=12.0	Unspecified	Unspecified
Gentamicin Trough	ug/mL	>=2.0	Unspecified	Unspecified
Glucose Serum/Plasma	mg/dL	<=40 or >=500	Unspecified	Unspecified
Hematocrit	%	<=18 or >= 70.1 <=18 or >=60.1	0D - 7M 7M - Unspecified	Unspecified
Hemoglobin	g/dL	<6 or >=23.1 <=6 or >=20.0	0D - 1M 1M - Unspecified	Unspecified
Heparin (anti-Xa activity)	U/mL	>=1.20	Unspecified	Unspecified
INR	N/A	>5.00	Unspecified	Unspecified





Lastata Whala Diagd	mm c1/T		Unanasidiad	I Inone sifical
Lactate Whole Blood	mmol/L	>2.0	Unspecified	Unspecified
Lithium Serum	mmol/L	>1.5	Unspecified	Unspecified
Low Molecular Wt Heparin (anti-Xa activity)	U/mL	>1.00	Unspecified	Unspecified
Magnesium Serum/Plasma	mg/dL	<=1.2 or >=6.0	Unspecified	Unspecified
Methemoglobin	%	>=3.0	Unspecified	Unspecified
Neutrophils Absolute	10*9/L	<1.0	Unspecified	Unspecified
pCO ₂ Arterial	mmHg	<=20 or >=70	Unspecified	Unspecified
pCO ₂ Capillary	mmHg	<30 or >65	Unspecified	Unspecified
pH Arterial	N/A	<= 7.200 or >=7.600	Unspecified	Unspecified
pH Arterial Cord	N/A	<7.200 or >7.589	Unspecified	Unspecified
pH Capillary	N/A	<7.200 or >7.550	Unspecified	Unspecified
pH Venous	N/A	<7.100 or >7.589	Unspecified	Unspecified
pH Venous Cord	N/A	<7.200 or >7.589	Unspecified	Unspecified
Phenytoin Total	ug/mL	>=30.0	Unspecified	Unspecified
Phosphorus Serum/Plasma	mg/dL	<=1.0	Unspecified	Unspecified
Platelet Count	10*9/L	<25 or >1000	Unspecified	Unspecified
pO ₂ Arterial	mmHg	<=39	Unspecified	Unspecified
pO ₂ Capillary	mmHg	<35 or >100	Unspecified	Unspecified
Potassium Serum/Plasma	mmol/L	<=2.5 or >=6.4	Unspecified	Unspecified
Salicylate Blood	mg/dL	>=40.0	Unspecified	Unspecified
Sodium Serum/Plasma	mmol/L	<=120 or >=160	Unspecified	Unspecified
tCO ₂ Arterial	mmol/L	<=12 or >=40	Unspecified	Unspecified
Triglycerides	mg/dL	>=1500	Unspecified	Unspecified
Vancomycin Peak Vancomycin Random	ug/mL	>=80.0	Unspecified	Unspecified
Vancomycin Trough	ug/mL	>=35.0	Unspecified	Unspecified
White Blood Cell Count	10*9/L	<1.5 or >70.0	Unspecified	Unspecified





Organism/Test	Provider called for
Acid Fast Bacillus	 Positive smears or cultures Infection control called on inpatients Health Department notified
BioFire Film Array "Detected" Targets	Positive results on inpatients, ER patients, and employees called to provider and Infection Control
Burkholderia sp.	All positives called to Infection Control
Campylobacter sp.	Inpatient positive culturesInfection Control called for inpatients
Clostridium botulinum	Positive culturesInfection Control for inpatients
C. difficile PCR	Positive inpatients and ER patients
Clostridium perfringens or gram positive rods suggestive of Clostridium or Bacillus sp.	Positive smears or cultures
Corynebacterium diphtheriae	Positive culturesInfection Control called for inpatients
Dimorphic fungi: possible or confirmed Coccidiodes, Histoplasma, Blastomyces	Positive cultures
E. coli O157:H7 and/or shigatoxin positive	Positive cultures
Group A Beta Strep	 Positive cultures called on all sources for inpatients, ER patients and employees Positive cultures called for all sources except throat for outpatients Employee results called to Infection Control
Group B Beta Strep	Positive cultures called for newborns and OB inpatients
Herpes Simplex virus	Positive culture called for newborns and eye source
Haemophilus influenzae	 Positive cultures from sterile body sites Infection Control for sterile sites on all patients
Influenza PCR or rapid test	Positive results on inpatients, ER patients, and employees
Listeria monocytogenes	Positive culturesInfection Control on inpatients
MDRO (multi-drug resistant) organisms CRE (Carbapenem Resistant Enterobacteraceae) ESBL (Extended Spectrum Beta Lactamase),	Positive cultures on inpatients once per admission for preliminary results.
MRSA (Methicillin Resistant <i>Staph aureus</i>) or VISA (Vancomycin Intermediate <i>Staph aureus</i>)	• Positive cultures or PCR tests on inpatients once per admission for <u>preliminary results</u>
Neisseria gonorrhoeae	Positive cultures on newborns, placenta, amniotic fluid, and eye sources
Neisseria meningitidis	 Positive cultures from sterile body sites Infection Control on all patients
Rapid Strep Screen	Positive results on inpatients, ER patients, and employees
Salmonella sp.	 Inpatient positive cultures Infection Control on inpatients



Longs Peak Hospital Critical Test Results

Staph aureus Strongyloides Suspicion of any agents of bioterrorism communicated by provider • Gram negative rods or coccobacilli (Yersinia pestis, Francisella tularensis, Vibrio cholera, Brucella) • Gram negative rods (Burkholderia mallei or Burkholderia pseudomallei) • Gram positive or gram variable rods (Bacillus anthracis)	 If Salmonella typhi, provider and Infection Control called for ALL patients Inpatient positive cultures Infection Control on inpatients Positive cultures on newborns and eye source Infection Control called for newborns Positive extra-intestinal isolates Positive smears and cultures Infection Control for all suspected
Vibrio sp.	 Inpatient positive cultures Infection Control on inpatients If <i>Vibrio cholera</i>, provider and Infection Control called for ALL patients
VRE (Vancomycin Resistant Enterococcus) or VIE (Vancomycin Intermediate Enterococcus)	Positive cultures on inpatients to provider once per admission for preliminary results
Zygomycetes	Positive cultures