

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

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	<ul style="list-style-type: none"> • Positive smears or cultures • Infection control called on inpatients • Health Department notified
BioFire Film Array “Detected” Targets	<ul style="list-style-type: none"> • Positive results on inpatients, ER patients, and employees called to provider and Infection Control
<i>Burkholderia sp.</i>	<ul style="list-style-type: none"> • All positives called to Infection Control
<i>Campylobacter sp.</i>	<ul style="list-style-type: none"> • Inpatient positive cultures • Infection Control called for inpatients
<i>Clostridium botulinum</i>	<ul style="list-style-type: none"> • Positive cultures • Infection Control for inpatients
<i>C. difficile</i> PCR	<ul style="list-style-type: none"> • Positive inpatients and ER patients
<i>Clostridium perfringens</i> or gram positive rods suggestive of <i>Clostridium</i> or <i>Bacillus sp.</i>	<ul style="list-style-type: none"> • Positive smears or cultures
<i>Corynebacterium diphtheriae</i>	<ul style="list-style-type: none"> • Positive cultures • Infection Control called for inpatients
Dimorphic fungi: possible or confirmed <i>Coccidioides</i> , <i>Histoplasma</i> , <i>Blastomyces</i>	<ul style="list-style-type: none"> • Positive cultures
<i>E. coli</i> O157:H7 and/or shigatoxin positive	<ul style="list-style-type: none"> • Positive cultures
Group A Beta Strep	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Positive cultures called for newborns and OB inpatients
Herpes Simplex virus	<ul style="list-style-type: none"> • Positive culture called for newborns and eye source
<i>Haemophilus influenzae</i>	<ul style="list-style-type: none"> • Positive cultures from sterile body sites • Infection Control for sterile sites on all patients
Influenza PCR or rapid test	<ul style="list-style-type: none"> • Positive results on inpatients, ER patients, and employees
<i>Listeria monocytogenes</i>	<ul style="list-style-type: none"> • Positive cultures • Infection Control on inpatients
MDRO (multi-drug resistant) organisms CRE (Carbapenem Resistant Enterobacteraceae) ESBL (Extended Spectrum Beta Lactamase),	<ul style="list-style-type: none"> • Positive cultures on inpatients once per admission for <u>preliminary results</u>.
MRSA (Methicillin Resistant <i>Staph aureus</i>) or VISA (Vancomycin Intermediate <i>Staph aureus</i>)	<ul style="list-style-type: none"> • Positive cultures or PCR tests on inpatients once per admission for <u>preliminary results</u>
<i>Neisseria gonorrhoeae</i>	<ul style="list-style-type: none"> • Positive cultures on newborns, placenta, amniotic fluid, and eye sources
<i>Neisseria meningitidis</i>	<ul style="list-style-type: none"> • Positive cultures from sterile body sites • Infection Control on all patients
Rapid Strep Screen	<ul style="list-style-type: none"> • Positive results on inpatients, ER patients, and employees
<i>Salmonella sp.</i>	<ul style="list-style-type: none"> • Inpatient positive cultures • Infection Control on inpatients

	<ul style="list-style-type: none"> • If <i>Salmonella typhi</i>, provider and Infection Control called for ALL patients
<i>Shigella sp.</i>	<ul style="list-style-type: none"> • Inpatient positive cultures • Infection Control on inpatients
<i>Staph aureus</i>	<ul style="list-style-type: none"> • Positive cultures on newborns and eye source • Infection Control called for newborns
<i>Strongyloides</i>	<ul style="list-style-type: none"> • Positive extra-intestinal isolates
<p>Suspicion of any agents of bioterrorism communicated by provider</p> <ul style="list-style-type: none"> • Gram negative rods or coccobacilli (<i>Yersinia pestis</i>, <i>Francisella tularensis</i>, <i>Vibrio cholera</i>, Brucella) • Gram negative rods (<i>Burkholderia mallei</i> or <i>Burkholderia pseudomallei</i>) • Gram positive or gram variable rods (Bacillus anthracis) 	<ul style="list-style-type: none"> • Positive smears and cultures • Infection Control for all suspected
<i>Vibrio sp.</i>	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Positive cultures on inpatients to provider once per admission for <u>preliminary results</u>
Zygomycetes	<ul style="list-style-type: none"> • Positive cultures