

**Critical Results:**

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

Test	Units	Critical Value(s)	Age	Sex
Acetaminophin Blood	ug/mL	$\geq 40.0$	Unspecified	Unspecified
Activated Partial Thromboplastin Time	Seconds	$\geq 150.0$	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	$\leq 12$ or $\geq 40$	Unspecified	Unspecified
Bicarbonate Capillary	mmol/L	$\leq 15.0$ or $\geq 35.0$	Unspecified	Unspecified
Bilirubin Total Bilirubin Total Cord Blood Bilirubin Total Neonatal	mg/dL	$> 14.9$ $> 4.0$ $\geq 17.0$	Unspecified Unspecified 0D - 1M	Unspecified Unspecified Unspecified
Calcium Serum/Plasma	mg/dL	$< 6.0$ or $> 12.0$	Unspecified	Unspecified
Carbon Dioxide CO <sub>2</sub>	mmol/L	$\leq 9$ or $\geq 40$	Unspecified	Unspecified
Carbon Monoxide	%	$> 20.0$	Unspecified	Unspecified
Carboxyhemoglobin	%	$> 20.0$	Unspecified	Unspecified
Chloride Serum/Plasma	mmol/L	$< 61$	Unspecified	Unspecified
Digoxin	ng/mL	$\geq 3.0$	Unspecified	Unspecified
Ethanol Blood	mg/dL	$> 400$	Unspecified	Unspecified
Fibrinogen	mg/dL	$< 100$	Unspecified	Unspecified
Gentamicin Peak Gentamicin Random	ug/mL	$\geq 12.0$	Unspecified	Unspecified
Gentamicin Trough	ug/mL	$\geq 2.0$	Unspecified	Unspecified
Glucose Serum/Plasma	mg/dL	$\leq 40$ or $> 500$	Unspecified	Unspecified
Hematocrit	%	$\leq 18$ or $\geq 70.1$ $\leq 18$ or $\geq 60.1$	0D - 7M 7M - Unspecified	Unspecified
Hemoglobin	g/dL	$< 6$ or $\geq 23.1$ $< 6$ or $\geq 20.1$	0D - 1M 1M - Unspecified	Unspecified
Heparin (anti-Xa activity)	U/mL	$\geq 1.20$	Unspecified	Unspecified

INR	N/A	>6.00	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 <sup>9</sup> /L	<=0.9	Unspecified	Unspecified
pCO <sub>2</sub> Arterial	mmHg	<=20 or >=70	Unspecified	Unspecified
pCO <sub>2</sub> 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 <sup>9</sup> /L	<25 or >=601	Unspecified	Unspecified
pO <sub>2</sub> Arterial	mmHg	<=39	Unspecified	Unspecified
pO <sub>2</sub> 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 <sub>2</sub> Arterial	mmol/L	<=12 or >=40	Unspecified	Unspecified
Triglycerides	mg/dL	>=1500	Unspecified	Unspecified
Troponin I	ng/mL	>0.10	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 <sup>9</sup> /L	<=1.4 or >70.0	Unspecified	Unspecified

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

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