

Memorial Hospital of Converse County Laboratory

Critical Test Results List

A. DEFINITIONS:

Critical Test: Tests which require rapid communication of the results, even if within normal values such as stat orders.

Critical Results: Findings which fall in the critical high or low value for the test, or in the opinion of a medical professional need to be communicated to a physician or other licensed practitioner who can act on the results within his/her scope of practice, and where delays in reporting have the potential for causing serious adverse outcomes for the patient.

B. Reporting Process for Inpatients and ER Patients

1. Critical results will be given to a RN or provider.
2. Reporting department will notify RN or provider within 15 minutes of identifying critical result.
3. RN will document results in the Critical Result Notification Assessment field.
4. RN will notify provider within 30 minutes of receiving result.

C. Reporting process for Outpatients

1. Reporting department will notify RN or provider within 15 minutes of identifying critical result.
2. If unable to reach RN or provider within 15 minutes, continue to attempt to reach provider for up to 30 minutes after identifying critical result.
3. If unable to reach RN or provider within 30 minutes, contact appropriate clinic manager if patient test was ordered by a MHCC provider.
4. If test was ordered by non-MHCC provider, reporting department will follow departmental directions for reporting critical results when a provider cannot be reached.

D. Laboratory Critical Results

General Chemistry	Low	High
Sodium	<120 mmol/L	>160 mmol/L
Potassium	<2.5 mmol/L	>5.9 mmol/L
Glucose	<50 mg/dL	>400 mg/dL
T. Bili, neonate only	NA	>17.0 mg/dL
Calcium	<6.0 mg/dL	>13.0 mg/dL
Ammonia	NA	>150 umol/L
Lipase	NA	>1,000 IU/L
Magnesium	<0.9 mg/dL	>5.0 mg/dL
Obstetrical Magnesium	<0.9 mg/dL	>9.0 mg/dL
Alcohol	NA	>450 umol/L
BUN	NA	>90 mg/dL
Creatinine	NA	>6.0 mg/dL
Lactate	NA	>4.0 mmol/L
Serum or Urine Pregnancy	Positive result for OR and ER patients	
2. CSF	Any values outside of normal range	
3. TDM		
Acetaminophen	NA	>150 ug/mL
Digoxin (send-out test)	NA	>2.5 ng/mL
Salicylate	NA	>40 mg/dL
e. For TDM testing referred to a reference laboratory, the MHCC lab will be informed of any values that are considered critical by the performing laboratory		
4. Coagulation		

INR	NA	≥6.0
APTT – Patient not on anticoagulant	NA	>50 sec
APTT – Patient is anticoagulated	NA	>100 sec
5. Cardiac Markers		
CK	NA	>20,000 U/L
CKMB	NA	>11.0 ng/mL
Troponin I	NA	>0.120 ng/mL
6. Hematology		
	Low	High
Hemoglobin	<7.0 g/dL	NA
Hematocrit	<21.0 %	NA
WBC	<1.5 X 10 ³ /uL	>30.0 X 10 ³ /uL
Platelets	<35 X 10 ³ /uL	>1,499 X 10 ³ /uL
Abnormal morphology as deemed necessary		
7. Microbiology		
Blood Cultures	Positive – notification of BCID PCR panel and results of Gram Stain; follow up with culture growth and susceptibility results	
CSF	Positive Gram Stain; follow up with culture growth and susceptibility results Organism identified on BioFire Meningitis / Encephalitis Panel	
Chlamydia / Gonorrhea PCR	Positive	
GI (Stool) PCR	Positive	
Sterile tissues	Growth in culture	
<i>Clostridium difficile</i> toxin A&B	Positive	
Any <i>Enterococcus</i> culture	Vancomycin Resistant	
Sputum culture	Oxacillin resistant <i>Strep pneumonia</i>	
<i>Staph. aureus</i> organism in any culture	Oxacillin resistant	
Respiratory Panel or SARS/Flu/RSV PCR Testing	SARS-CoV-2 detected	
8. Blood Bank		
Antibody Screen	Positive	
DAT	Positive/newly positive	