

**ST. JOSEPH CLINICAL LABORATORY**

**360 Broadway**

**Bangor, Me 04401**

**CRITICAL VALUES**

**PURPOSE:**

To provide guidelines for reporting life threatening lab results in a timely manner.

**1.0 PROCEDURE:**

1.1 Any value which falls in the critical value range according to the Critical Value List will be handled in the following manner.

1.1.1 **Inpatients:**

1.1.1.1 The Technologist will notify the patient’s nurse on the unit of the results.

1.1.1.3 It will be the responsibility of the patient’s nurse to notify the physician of the result.

1.1.2 **Outpatients:**

1.1.2.1 The Technologist will notify the ordering provider, the on call provider in the practice, or a clinical staff member in the ordering providers practice.

1.1.2.2 If no one in section 1.1.2.1 can be reached, the Technologist will notify the patient’s primary care provider (if different than above), or the on call or clinical staff member in the primary care provider’s practice.

1.1.2.3 In the event none of the above individuals can be reached, the Technologist will contact an ED physician.

1.1.2.3.1 The expectation for Emergency Department provider follow up of a non-ED patient’s critical laboratory results is as follows:

1.1.2.3.1.1 The Emergency Department provider will determine the critical laboratory result’s significance.

1.1.2.3.1.2 When **emergent or urgent intervention is indicated**: The Emergency Department provider should attempt to contact the patient, and provide direction on further care required.

1.1.2.3.1.3 When **no immediate intervention is necessary:** The Technologist will resume critical laboratory follow up process the next business day.

1.1.2.3.2 The Technologist will document this follow up in the laboratory documentation system.

1.1.2.3.3 All Emergency Department critical laboratory value referrals shall be reported to the Laboratory Director for review of root cause.

1.1.3 **Reference Laboratory Critical Results:**

1.1.3.1 When a reference laboratory calls with a critical result, a technologist must take the call. For inpatients, follow instructions outlined in 1.1.1 and for outpatients follow instructions in 1.1.2. Add and ILABC to the order and free text, “Per the reference laboratory guidelines, this test result in a critical value. Result was called to: \_\_\_\_\_\_\_\_\_\_, on (date and time). Please contact (Reference Lab Name) at (phone number) with any questions or concerns.”

**3.0 NOTES:**

3.1 All critical results called will be read back to the Technologist and the read back will be documented in the LIS.

3.2 The Technologist will document in the LIS system the first and last name of the person contacted, the date and time the call was made, their initials, and that the read back was performed. (See LIS Callback Procedure).

3.3 All critical values needing to be confirmed can be done so by repeat testing with the same sample, with a new specimen, or both.

3.4 Because there is only one order code in Sunquest, any PTT greater than 45 will flag critical and reflex the call back feature. If you have verified the patient is on heparin, you do not need to call the RN unless the PTT is greater than 100.

* + 1. For PTT results on heparinized patients greater than 45 and less than 100, type in Range, Therapeutic instead of a RN’s name. For title, you can use MT. Use 1657 (lab’s #) for the phone number.
  1. For troponins, all critical values will automatically repeat on the instrument. Verify that the replicates match prior to calling.
     1. Call all critical troponins regardless of previous result.
     2. If the first troponin in a series is >5 pg/mL but not critical, you must call the nurse to notify them.
     3. If subsequent troponin values are >5 pg/mL but not critical, you do not need to call the nurse.
     4. To bypass the call back function, type in Positive, Previously instead of a RN’s name. For title, you can use MT. Use 1657 (lab’s #) for the phone number.