

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
LABORATORY POLICY MANUAL**

**CRITICAL TESTS AND RESULTS**

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**Effective Date:** 3/1/1996

**Cross Referenced:**

**Reviewed Date:** 3/5/13

**Revised Date:** 1/12, 5/12, 8/12,3/13,7/13, 6/14

**Policy No:** GENLAB 7.5

**Origin:** Pathology

**Authority:** Laboratory Director

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**PRINCIPLE:**

Certain laboratory tests and results are so crucial to a patient's well being that they must be communicated immediately and it must be stressed that the results exceed our established critical values for the specific test. A critical value is a laboratory result which represents a pathophysiologic state at such variance with normal as to be life-threatening unless some action is taken in a very short time and in which state may not be readily detectable or highly suspected by the clinical physician.

1. All critical values are to be verified by repeat analysis.
2. For an inpatient, the person most able to contact the correct physician on the patient's case is the nurse. They are to be called immediately by the technologist performing the test when a patient's results exceed the critical values defined. **For a discharged inpatient, contact the physician of record.**
3. **For inpatients: The result must be given to the nurse along with the name and FIN number of the patient. The name of the patient, secondary identifier, and test result must be read back by the nurse.** Document "read back" in the result comment for the critical result in Cerner. A pop up box will appear when a critical result reports. Choose edit and F2 to select the Call Template. Complete the template with person whom you notified, date and time, and tech initials.
4. **For outpatients: The result will be called to the patient's physician office and the results given to an authorized staff member along with the patient name and birthdate.** Do not leave results with the answering service. Document "read back" in the result comment for the critical result in Cerner. A pop up box will appear when a critical result reports. Choose edit and F2 to select the Call Template. Complete the template with person whom you notified, date and time, and tech initials
5. A copy of all critical tests and values that apply to Hackettstown Regional Medical Center are posted in strategic locations in each laboratory section.
6. The Director of Pathology must approve any change in the critical test value list. The following Critical tests have been defined. If results fall within the defined parameters, they will be called immediately to the appropriate person

**Note:** After selecting call template, the cursor will default to nurse field. Enter the name of person you are notifying of the critical value and then choose F3 F5 to add date and time at prompt. At the next prompt select F3 again to enter tech initials and complete documentation.

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	<b>HEMATOLOGY/COAGULATION</b>	
WBC	<1.5 x 10 <sup>3</sup>	>25 x 10 <sup>3</sup>
WBC Neonate (0-1 mo)	<4,000	>35,000
Hemoglobin	<8.0 g/dl	>18.0 g/dl
Hgb Neonate	<9.5 g/dl	
Hct Neonate	<33 %	> 71%
Platelets	<70,000	>1,000,000
Platelets Neonate	<50,000	> 916,000
PT INR		>3.5
Fibrinogen	<100 mg/dl	
PTT		OP: >50 seconds IP: all results called to floor ASAP

	<b>CHEMISTRY</b>	
Amylase		>350 U/L
Bilirubin, Total (neonatal)	All results will be called	
BUN		>100 mg/dl
Calcium	<7.5mg/dl	>12.0 mg/dl
Calcium (neonate)	<7.0 mg/dl	>11.5 mg/dl
Creatinine		>7.0 mg/dl
CO2	<15 mmol/L	>40 mmol/L
CO2 (neonate)	<13 meq/L	>35 meq/L
Glucose	<50 mg/dl	>300 mg/dl
Glucose (neonate)	<50 mg/dl	>150 mg/dl
Magnesium	<1.6 m/dl	>3.0 mg/dl
Potassium	<3.0 mmol/L	>6.0 mmol/L
Potassium (neonate)	<3.5 meq/L	>7.0 meq/L
Procalcitonin	>2 ng/ml	
Sodium	<125 mmol/L	>155 mmol/L
Sodium	<128 meq/L	>150 meq/L
Troponin		>0.3 ng/ml (if it is the first positive)

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	<b>THERAPEUTIC DRUGS</b>	
Acetaminophen		>35 mcg/ml
Carbamazepine		>14 mcg/ml
Digoxin		>2.5 mcg/ml
Gentamicin Trough		>2.0 mcg/ml
Gentamicin Peak	<4.0 mcg/ml	>10 mcg/ml
Phenytoin		>25 mcg/ml
Phenobarbital		>50 mcg/ml
Salicylate		>30 mcg/ml
Theophylline		>20 mcg/ml
Valproic Acid		>200 mcg/ml
Vancomycin Trough	<10.0 mcg/ml	>20 mcg/ml
Vancomycin Random	<10.0 mcg/ml	

**MICROBIOLOGY**

The following values are considered critical limits for microbiology results. St. Clare's Microbiology Department will call these results to the laboratory. For the inpatient, techs will follow up with calls to the floor and Infection Control. For outpatients and discharged inpatients, calls will be made to the patient's physician. Documentation of calls must be made on Critical Result form and in computer system. Calls to the floor (IP) and physician (OP) should be made within 15 minutes of notification by St. Clare's and documented on the Critical Result form. Timeliness will be monitored monthly.

- BLOOD CULTURE: Any positive (see blood culture reporting policy)
- WOUND: Any indication of anaerobes
- STOOL: Salmonella, Shigella, Yersinia, Campylobacter or E. coli O157
- MRSA: All methicillin resistant Staph aureus
- VRE: All vancomycin resistant Enterococcus
- VRS: Vanco resistant Staphylococcus
- THROAT: Beta hemolytic Streptococcus Group A, Streptococcus pneumonia
- RAPID STREP A: Any positive
- RAPID STREP B: Any positive
- BACTERIAL ANTIGEN: Any positive
- TB SMEAR/CULTURE: Any positive
- CSF: Any positive (smear/culture/India Ink)
- OVA AND PARASITE: Any parasite found
- We will call all positive C. Difficile results to the floor (IP), physician (OP), and to Infection Control.
- All Positive Flu A/B will be called to the floor (IP) or physician (OP) and Infection Control

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**BLOOD BANK**

Inability to crossmatch a patient due the presence of unexpected antibodies

Any delay in supplying compatible units for patient requiring a crossmatch

Positive DAT on an infant

Suspected hemolytic transfusion reaction or bacterial contamination (also notify Pathologist on call)

**RERERENCE LAB**

All results called to HRMC from a reference lab are considered critical results and are to be called according to the above stated SOP. For infectious diseases, the Infection Control Practitioner is to be notified as well. The Critical Result form should be completed and left in the Laboratory Supervisor box.

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### Quick Reference



### Reporting Requirements for Communicable Diseases and Work-Related Conditions



(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service  
Disease Reporting Requirements and  
Regulations can be viewed at:  
<http://nj.gov/health/cd/reporting.shtml>



**Health care providers required to report:** physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

**Administrators required to report:** persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

**Laboratory directors:** For specific reporting guidelines, see NJAC 8:57-1.7.

#### CONFIRMED or SUSPECT CASES TELEPHONE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the **local health department** where the patient resides. If patient residence is unknown, report to your **own** local health department. Contact information is available at: [localhealth.nj.gov](http://localhealth.nj.gov).

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of **immediately reportable diseases** and other **emergencies** - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

#### REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

#### REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH

**Hepatitis C**, acute and chronic, newly diagnosed cases only  
**Written report within 24 hours**

**HIV/AIDS**  
**609-984-5940 or 973-648-7500**  
**Written report within 24 hours**

- AIDS
- HIV infection
- Child exposed to HIV perinatally

**Sexually Transmitted Diseases**  
**609-826-4869**  
**Report within 24 hours**

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

**Tuberculosis** (confirmed or suspect cases)  
**609-826-4878**  
**Written report within 24 hours**

**Occupational and Environmental Diseases, Injuries, and Poisonings**  
**609-826-4920**  
**Report within 30 days after diagnosis or treatment**

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

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[www.nj.gov/health/cd](http://www.nj.gov/health/cd)

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