

Mid Coast Hospital List of Critical values

CHEMISTRY				Lab Directions for Calling
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
Bilirubin , Total	≤ 6 months		>15.0 mg/dL	
Calcium		< 6.0 mg/dL	> 13.0 mg/dL	
Glucose	≤ 6 months	< 45 mg/dL	> 200 mg/dL	
	> 6 months	< 45 mg/dL	> 500 mg/dL	
Magnesium		< 1.0 mg/dL	> 8.0 mg/dL	
Phosphate		≤ 1.0 mg/dL	> 9.0 mg/dL	
Potassium		< 2.8 mEq/L	> 6.2 mEq/L	
Sodium		< 120 mEq/L	> 160 mEq/L	
Troponin			> 50 ng/L	
Lactate			> 4.0 mmol/L	Initial per stay for inpatients. For outpatients, call all.
BLOOD GASES				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
pH (arterial)		≤ 7.20	≥ 7.60	
pO2 (arterial)		≤ 50 mmHg		
pCO2 (arterial)		≤ 20 mmHg	≥ 70 mmHg	
pH (venous)		≤ 7.20	≥ 7.50	
Total Hemoglobin		≤ 6.5 g/dL		
Carboxyhemoglobin			≥ 15.0 %	
Methemoglobin			≥ 5.0 %	
pH Venous Cord		≤ 6.99		
THERAPEUTIC DRUGS and TOXICOLOGY				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY/ Δ CHANGE
		LOW	HIGH	
Acetaminophen			> 250.0 µg/mL	
Digoxin			> 2.7 ng/mL	
Ethanol			> 400 mg/dL	
Gentamicin, trough and random			> 2.0 µg/mL	
Gentamicin, peak			> 20.0 µg/mL	
Lithium	≤ 65 years		≥ 1.5 mmol/L	
	> 65 years		≥ 1.3 mmol/L	
Salicylic acid			> 400 mg/L	
Tegretol			> 15.0 µg/mL	
Theophylline			> 20.0 µg/mL	
Valproic Acid			> 150.0 µg/mL	
Dilantin			> 35.0 ug/ml	
Vancomycin, trough			> 30.0 µg/mL	
Vancomycin, random			> 50.0 µg/mL	

COAGULATION				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
INR			> 5.0	
PTT <i>Inpatient</i>			>150 sec	
PTT <i>Outpatient</i>			> 60 sec	
Fibrinogen		<100 mg/dL		
HEMATOLOGY				
ANALYTE	AGE	CRITICAL VALUE	CRITICAL VALUE	FREQUENCY / Δ CHANGE
		LOW	HIGH	
Hemoglobin		< 6.5 g/dL		
Hematocrit		< 19.0%		
Platelet count		40,000/cu mm	1000,000/ cu mm	Initial per stay for inpatients. For outpatients, call all.
WBC count		<2000/ cu mm	>50,000/ cu mm	Initial per stay for inpatients. For outpatients, call all except known CLL/CML patients <1 year since previous.
Malaria smear		Positive		(if initial Scan is requested)
Schistocytes			3+	
Blast, Peripheral smear Blast, CSF			>5% >0%	Initial per stay for inpatients. For outpatients, call all.
Blood Parasites			Any Present	
TRANSFUSION SERVICE				
Antibody Screen/ Cross match	Positive Antibody screen or incompatible crossmatch if this result has the potential for urgent transfusion e.g. emergency transfusion and surgery			
Transfusion reaction workup	Evidence of hemolytic transfusion reaction			
MICROBIOLOGY				

1. All positive Gram Stains on CSF
2. Positive cultures of CSF, Blood (new isolates only), and Sterile fluids
3. Positive cultures on infants (0-12 months)
4. Group B strep found in women in labor
5. Listeria found in female urogenital cultures
6. Any positive Inpatient C. Diff, RSV or Flu result

ANATOMIC PATHOLOGY				
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The attending Pathologist will contact the Physician (or Physician's office) by telephone

under the following circumstances:

Any diagnosis of malignancy in an uncommon location (e.g. hernia sac, tonsil, gallbladder for routine cholecystectomy

Any definitive diagnosis of a severe medical condition requiring immediate therapy.

Absence of chorionic villi when expected

Any significant discrepancy between frozen section and final diagnosis.

Any case labeled "Rush" or an urgent result is specifically requested.

***** All calls are documented in the final pathology report.**

REFERENCES:

Joint Commission 2012. Hospital Accreditation Standard NPSG. 02.03.01.

American Journal of Clinical Pathology 2012, 137: 20-25

American Journal of Clinical Pathology 2011, 135: 505-513

American Journal of Clinical Pathology 2006: 125 758-764

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