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| **Approval\*:** |
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| **\*Approval and Acknowledgements\*** |
| Refer to QPulse system and Document Details report for laboratory directors(s)’ electronic signature approval, employee acknowledgment and effective date. |

1. **POLICY**
	1. Critical tests, critical results, and courtesy calls on inpatients, outpatients, and outreach patients will be communicated to a clinical professional responsible for the patient’s care in a consistent and timely manner.
		1. **Critical Tests**:
			1. Critical tests are those tests which will always require rapid communication of the results, even if normal.
			2. Critical tests will be communicated to a clinical professional responsible for the patient’s care, regardless of the test result, within specified time interval from order/collection to result. Such notification shall be documented.
			3. Critical test specimens should be delivered to the Clinical Laboratories within 10 minutes of order/collection.
			4. True collection times should be documented on the specimen/lab label.
			5. Critical Tests: Rapid intact parathyroid hormone (RPTH) and single block frozen sections
		2. **Critical Results / Critical Values**
			1. Critical results, also known as “critical values,” are test results that fall significantly outside the normal range and may represent life-threatening values, even if from routine tests.
			2. Critical results will be communicated to a clinical professional responsible for the patient’s care within 20 minutes of completion of the test, and such notification documented as a component of the test results report.
			3. LIS Comments are: Critical Results were verbally communicated and read back.
		3. **Critical Results in Point of Care Testing (Glucose)**
			1. The PCA, (unlicensed assistant personnel) must notify the RN and document first and last name in the medical record.
			2. See Point of Care Glucose Policy for current directions
		4. **Courtesy telephone notification**
			1. Courtesy telephone notification for other specified tests/results will be communicated to a clinical professional responsible for the patient’s care and such notification documented as a component of the test results report.
		5. Personal Health Information (PHI) including name and medical record cannot be included when paging a critical value. Use appropriate language such as: *Please call the OSUWMC Lab at 293.xxxx for a critical result.*
	2. Manual and automated results are verified before final acceptance and reported by the computer.
		1. Laboratories should have a system in place for verification of manual entries – can be performed by same tech or another technologist.
			1. Laboratories can utilize the “Final Verify” step in Beaker, manual log double checking, patient printout verification, or other processes that are applicable to the testing.
		2. Staff members should review all results that are not auto-verified in the computer – evaluating flags, reference ranges, and improbable results, as applicable.
2. **PURPOSE OF DOCUMENT**
	1. This policy is to provide a mechanism for pathology and laboratory staff to communicate and document rapid communication of laboratory test results.
3. **SCOPE OF DOCUMENT**
	1. This document applies to all areas within the Clinical Laboratories, as well as medical center collection sites.
4. **RESPONSIBILITY**
	1. The Medical Directors of the Clinical Laboratories are responsible for establishing the *Rapid Communication of Laboratory Results* policy. Laboratory Compliance is responsible for maintaining the policy and ensuring at least biennial review.
	2. Laboratory Compliance is responsible to providing the policy to clinical staff, available on the laboratory website.
5. **Critical tests – process**
	1. Critical tests are those tests which will always require rapid communication of the results, even if normal.
	2. Critical test specimens should be delivered to the Clinical Laboratories within 10 minutes of order/collection.
	3. Critical tests will be communicated to a clinical professional responsible for the patient’s care, regardless of the test result, within specified time interval from order/collection to reporting (see below). Such notification will be documented.

**Critical tests**

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| **Tests** | **collection** | **TAT (collection to notification)** |
| **RPTH** | **Collected in OR; Call 293-3443 to notify lab staff and deliver directly to Special Functions Laboratory.** | **40 minutes (30 minutes receive to notification)** |
| **Frozen sections** | **Specimen is delivered to surgical pathology gross room.  The results are communicated via telephone by the pathologist signing out the frozen section to an attending or resident physician in the operating room.** | **40 minutes (30 minutes receive to notification)** |

1. **Critical Results – PROCESS** **- Overview**
	1. When rapid communication of laboratory results is required, testing and client services personnel of the Clinical Laboratories notify a clinical professional (e.g. RN, LPN, physician, nurse practitioner, respiratory therapist, pharmD, physician assistants, etc) responsible for the patient's care. Other titles can be approved by the Laboratory Medical Director.
	2. Determine the location from which the patient specimen was sent.
	3. Call the area that submitted the specimen and tell them you have a laboratory result to report. Ask for a clinical professional taking care of the patient.
	4. The ordering physician is ultimately responsible for acting on the critical value.
	5. Document communication trail, through problem log, or other means of handoff communication.
	6. Report **ALL** of the following elements:
		1. your first and last name and laboratory from which you are calling
		2. patient's name
		3. patient’s MRN
		4. **patient phone number:** **for all non-inpatients or non-ED patients’ notifications**
			1. *Note: Outpatient / Outreach Patients - MANDATORY: For any notification for non-ED outpatients or outreach patients, obtain the patient's phone number and provide to the clinical professional along with the results. Look in IHIS by patient name for phone number.*
		5. name of attending physician
		6. collect date and time of specimen
		7. test name(s)
		8. test results
		9. units of measure, for NICU patients only
	7. **Readback (CAP Standard):** Request read-back verification of the test result(s). This must include patient name, MRN, test name(s), test result(s) and units of measure for NICU patients.
	8. **Documentation Elements:** Document telephone communications / notifications in the results report in the applicable LIS.Include all of the following elements:
		1. First and last name and title (e.g. Dr. or RN) of person notified / who verified/read-back the results
			1. Medical center ID (XXX01) can also be used to identify an employee. This is a unique employee ID that will convert to first and last name in EPIC.
		2. Date of notification
		3. Time of notification
	9. **Documentation Steps in Beaker:**
		1. Click on **Comm Log** located in the upper left corner of the screen. The Comm Log opens as a side bar.
		2. Click Other.
		3. Enter name in the **Search by Name** field and press **Enter**.
		4. Click on appropriate name. Notice how it populates in the Contact field.
		5. Click **Accept**.
		6. Click the **Verify** to review your result.
	10. **IVQ or other Questionable Specimens:**
		1. Call the caregiver and explain your concerns.
		2. You can give a ball park figure for Critical Values- “This result is < than X and I am concerned that there is a sample problem”.
		3. Ask the person if they are expecting this type of a result and if they need it released. If not expected ask for a re-collection.
		4. Let them know that you can post results if they must have them but they will be released with their name documented as requesting the value be filed.
		5. Do not delay posting any result if the RN/Physician thinks it should be released.
		6. Call the Path who is on call for any situation that cannot be resolved or that may need more discussion with the physician.
2. **Critical Results – Personnel**
	1. **Inpatients / Emergency Department**
		1. Call the area that submitted the specimen and tell them you have a laboratory result to report. Ask for a clinical professional taking (usually the nurse) care of the patient.
		2. If the nurse involved with direct patient care cannot be reached or cannot take the result, request to speak to the floor charge nurse.
		3. If the charge nurse is not available or cannot take the results, page the ordering physician.
		4. If the inpatient unit or ED is not able to take the critical result because the patient has been discharged, contact the ordering physician’s office.
			1. To locate the office number use the directory on MyTools, hospital operator 3-8000, URL account / client database listing, or Google/web search.
		5. If unable to contact the ordering physician – follow the directions described below.
	2. **Critical Results – Outpatient – Routine Hours**
		1. During routine clinic / patient care hours – call the physician office that submitted the specimen and tell them you have a laboratory result to report. Ask for a clinical professional taking care of the patient.
		2. Follow process described above follow the above process to communicate the critical result.
			1. To locate the office number, use the directory on MyTools, hospital operator 3-8000, URL account / client database listing, or Google/web search.
	3. **Critical results – Outpatient - After Hours Notifications**
		1. If the notification must be made after the care area closes, contact the on-call physician, or other person as designated by the client, directly UNLESS the patient care area has submitted a written request for notification to be made only during business hours.
		2. To locate the office number, use the directory on MyTools, hospital operator 3-8000, URL account / client database listing, or Google/web search.
		3. The result remains on the outstanding list until communication is made. You have the ability to document multiple attempts until it is communication. You do not have to modify the results; you are just adding communications via the Comm log.
			1. Add comments to Lab Level Comments



1. **Critical Results – Exemptions / Special circumstances**
	1. **Physician / Location Exceptions**
		1. **Check the Critical Value Exception list (TABLE E at end of policy)** to know when if a physician or a location has deferred critical value calls and if there are any further special circumstances.
		2. **For URL Clients** the URL database has detailed information about “call to” numbers that can be helpful.
		3. For approved exemptions / special circumstances: Laboratory Compliance will send an email to the UH/James Laboratory Medical Director with specific information about the request and will save the documented approval.
			1. If receiving a request for a new exemption, collect as much information as possible (including contact information for the caller and or physician). Email Laboratory Compliance with the request.
			2. Documentation is saved here: [\\osumc.edu\dfs\Shared\Pathology\APCP\_Testing Info\Critical Result Exceptions](file:///%5C%5Cosumc.edu%5Cdfs%5CShared%5CPathology%5CAPCP_Testing%20Info%5CCritical%20Result%20Exceptions)
	2. **Pathologist Determination**
		1. If “after business hours” communications are not successful and the pathologist determined an immediate notification is not required, follow the Morning Notification Process described below.
	3. Critical Results, Previously Called
		1. Review the previous result for the analyte and determine if it was a critical result and the collect date for that specimen.
		2. If there was no previous result for the analyte, call the result within 10 minutes of test completion and document as indicated above.
		3. If the previous result for the analyte was not a critical result, call the result within 10 minutes of test completion document as indicated above
		4. If the previous result was not from the current admission, call the result within 10 minutes of test completion document as indicated above.
		5. If the previous result was called or “CVPC” (critical value, previously called) code was appended to that result, and the specimen was collected during the current admission, append code “CVPC” to the current result.
			1. This code can be utilized on WBC (C14, C16, C15, C20, C21), and Troponin.
	4. Pre-Transplant Clinic
		1. For after hours’ notification for the **Pre-Transplant Clinic** (PRET, PRETX): WebXchange page the Pre-transplant On-call Coordinator at pager 614.346.4051.
		2. From OneSource/ WebXchange/Quick Pager
			1. Enter Pager ID: 4051
			2. Enter the Alpha Msg: “Please call the OSUMC Lab at 293.xxxx for a critical result”
			3. NOTE: Be sure to use a phone number which can be accessed from the outside.
		3. There will be times that the coordinator staff will be on the phone dealing with organ procurement/processing, so there might be some delays with call backs.
		4. Enter the time the coordinator was paged and the time that they returned the call as part of the documentation of the call.
	5. Direct to Consumer Testing
		1. Outreach – *OSU Lab Test* DTC (U18115 through U18122):
		2. Notify the Medical Director of the Clinical Laboratories, pager 6370.
		3. Provide the Accession Number, ID number, collect date and time, test name(s), and test result(s).
		4. The Medical Director of the Clinical Laboratories will work with the appropriate personnel at URL to determine the identity of the DTC consumer and contact the consumer directly so that such results are communicated to them in a timely manner.
	6. Specimens Referred From Another Laboratory: When rapid communication of laboratory results is required for specimens referred from an outside, non-OSUWMC laboratory, a laboratory professional from that laboratory is notified and the communication documented per described above.
	7. Anonymous Specimens: critical results, critical tests, or courtesy call notifications for anonymous specimens will be made only during business hours.
		1. For specimens identified as research subjects: contact information for critical results notification is pre-printed on the customized, study-specific requisition form. The information is also available in the Laboratory Research Accounts database on the L Drive at L:\Common\Laboratory Research Accounts. Search the database by the LIS number (include the letter) or the Billing number.
			1. Copy and paste the Primary Office address and phone information in the corresponding fields
	8. Research Specimens
		1. For critical values, following the directions in the URL database or on the research set up paperwork. All research studies should list directions for critical values when establishing research accounts with Research Billing and LIS.
	9. Special Circumstances
		1. If a specimen runs extra testing due to extenuating circumstances (for example: errors with receiving, down times, IT limitations, instrument limitations) – extra results do not need follow up action. The laboratory is ONLY responsible for testing ordered by an authorized provider. If technologist has clinical concerns about a value that will not be ordered/resulted – please consult a division/laboratory medical director.
	10. **Morning Notification Process**
		1. When resulting/reviewing the testing; Do not final verify the result- this result must stay on the Outstanding List.
		2. Print a Specimen Preview Report make a note on it that it is a “XXX Location - to be called next AM, then write the date, time, and your initials on the report”
		3. If necessary, attach an instrument print out to the report.
		4. Send an email to all staff to alert staff that this result will be pending and include where the patient report is located so that the day shift tech can find it easily.
		5. The next day, this test value (which should still be on the outstanding list) needs to be called during regular business hours but as early as possible.
		6. Any pending critical value should be part of the shift-to-shift hand off and must be communicated to any incoming tech.
		7. The next day- the tech(s) on the bench where the result is pending is assigned as being responsible for calling this result.
		8. If there are multiple critical values (spanning more than one bench) please communicate with the tech on the alternate bench. Best practice would be to include this information in the email sent to the lab.
		9. Call and document the proper information in the Com-Log then final verify the result.
	11. **Print Directions**





1. **Tools to contacting ordering / attending physician:**
	1. **NOTE: Applicable tools must be utilized before contacting the on-call pathologist.**
	2. To locate the office number use the directory on MyTools, hospital operator 3-8000, URL account / client database listing, or Google/web search.
	3. Directory on MyTools
		1. **Search under “Find People”**

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* + 1. **Click on “Physician Details” – Office numbers are located on the right.**

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* 1. Hospital operator 293-8000
		1. Call the operator 293-8000 and ask who is on call for the ordering physician.
		2. Page that person and follow the above process to communicate the critical result.
	2. URL account / client database listing on L drive.
	3. Google/web search for office number
	4. Service On-call - Outpatients:
		1. When appropriate and as a second hand effort call the current on-call person for the service from which the patient was discharged by looking in IHIS.
		2. In IHIS - Look in the right hand side in the admission box under “discharge summaries” written in brown it has the service in
		3. Look at current on call schedule, by service, in WebExchange available on MyTools.
	5. **Attending, Ordering, “On Call” Physician, Or Other Person as Designated By The Client Cannot be reached following 2 attempts, 20 minutes apart:**
		1. During routine business hours (Monday through Friday 7:00am to 5:00pm): page the division director. They will assist with identifying an alternate physician for notification.
		2. Review the patient identification, test result information, and attending/ordering physician information with the director.
			1. If the division director is unable to identify a physician to accept the value they should contact the Laboratories medical director or the Critical Event/Results Officer.
			2. If the division director cannot be reached, page the Laboratories medical director.
		3. After 5:00pm and on weekends/holidays:
			1. Contact the CP pathology resident on-call
			2. Review the patient identification and test result information with the resident. Make sure you have the patient contact information including phone number available to provide to the resident.
			3. The resident, in conjunction with the CP faculty pathologist on call, will determine if notification can wait until the next day, whether the Critical Event / Results Officer needs to be paged to assist in the management of the patient, or the patient needs to be contacted directly and advised to seek medical attention
				+ ONLY the resident / CP faculty pathologist on call will page the Critical Event/Results Officer if needed.
				+ If the patient is to be contacted directly, the resident or the CP faculty pathologist will contact the patient.

 6.5.2.3.3 Resident or faculty pathologist will provide the name of the person notified and the date

and time of notification to the laboratory. Laboratory personnel must document the notification in the computer.

1. **RELATED DOCUMENTS**
	1. Refer to QPulse System or Document Detail Report for related Laboratory Policies, Procedures, and Master Forms
	2. Medical Center Policy: [Critical Tests and Results 03-40 (Hospital) v.4 (policytech.com)](https://osumc.policytech.com/dotNet/documents/?docid=88961)

**Help Guide: To page the CP Pathology Resident on-call:**

1. Go to MyTools

                

1. Click the WebXchange Icon



1. Type in Pathology in the Schedule Search



1. Click the “On-Call Now” Button



1. Click on the Pager ID



1. Type in the box to Contact Microbiology Regarding a critical value and include your nearest area phone number



1. Click Send

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| **Table A: Critical Values** |
| **Outpatients only (ED is outpatient) Neonate/Pediatric only James Patients only** |
| **CHEMISTRY** | **HEMATOLOGY** |
| Analyte | Critical Results | Analyte | Critical Results |
|  |  |  | WBC | < 1.5 | > 35.0 K/uL |
|  |  |  | C14, C16, C15, C20, C21 | < 0.5 | > 35.0 K/uL |
|  |  |  | **initial** only |  |  |
| Amylase |  | ≥ 500 (≥ 400 under 19 yr) U/L |  |  |  |
| Beta Hydroxybutyrate |  | ≥ 1.2 mmol/L | Other Oncology | < 0.5 | > 35.0 K/uL |
| Bilirubin, total |  | ≥ 14.0 mg/dL (neonates only) | Hemoglobin | < 7.0  | > 22.0 g/dL  |
| BUN |  | ≥ 101 mg/dL | Pediatric | 0-7d: < 11.0 8d – 12y: <8.0>12y: <7.0 | > 22.0 g/dL> 22.0 g/dL> 22.0 g/dL |
|  |  |  |  |  |  |
| Calcium | < 6 | > 12 mg/dL |  |  |  |
| Chloride | < 75 | > 130 mmol/L | Platelet | < 30  | > 1,000 K/uL |
| CO2 | < 10 | > 40 mmol/L | C-James locations | < 10 | > 1,000 K/uL |
| Creatine Kinase |  | ≥ 500 U/L  | Bands + Segs Ratio | > 0.25 (Neonates only) |
|  | CSF WBC |  | ≥ 41 cells / uL |
|  | Bacteria, fungal forms and parasites | Any intracellular on peripheral blood smear, |
| Creatinine  |  | > 10.00 mg/dL |  | Any on direct smear of any sterile body fluid OR |
|  |  |  |  | count if direct smear is not already positive |
|  |  |  |  |  |
| Free T4 (ED only) |  | ≥ 4.5 ng/dL | **COAGULATION** |
| Glucose | < 50 | > 400 mg/dL | Analyte | Critical Results |
| Neonates | < 40 | > 200 mg/dL | INR | > 4.9  |
| CSF Glucose | < 30 | > 300 mg/dL | PTT | > 150.0 sec (inpat) > 60.0 (outpat) |
| Lactate |  | ≥ 5.0 mmol/L | Fibrinogen | < 75 mg/dL |
|  |  |  | Factor Activity | < 5% |  |
| Phosphorus | < 1.0 | > 10.0 mg/dL |  |  |
| Ionized Calcium | <3.40 | > 6.20 mg/dL |  |  |
| Magnesium | < 1.0 | > 4.4 mg/dL | URINALYSIS |
| Osmolality | < 250 | > 325 mOsm/kg | Analyte | Critical Results |
| Potassium | < 3.0 | > 6.0 mmol/L | Urine Microscopic | Any RBC casts |
| Neonates | < 3.0 | > 7.0 mmol/L |  | Any WBC casts |
| Sodium | < 125 | > 160 mmol/L |  |  |
| pH | Arterial < 7.20 Venous <7.17 | > 7.55> 7.52 |  |
| pCO2 | Arterial < 20Venous < 24 | > 65 mmHg> 64 |  |  |
| pO2 | Arterial  | ≤44 mmHg | **TRANFUSION SERVICES** |
| High-Sensitivity Troponin I (HSTI) | > 2999 ng/L FIRST critical result, additional calls ONLY if no previous > 2999 ng/L within past 24 hours | Newborn Positive Direct Coombs Test (DAT) |
| Transfusion Reaction |
| Significant Technical error(s) |
| TSH  |  | ≥150.000 uIU/mL (ED only) | Positive Kleihauer-Betke stain |
|  |  |  | Titer > 32 in pregnancy Titer >8 for Anti-K |
|  |  |  | Suspected passenger lymphocyte syndrome |

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| **Table A: Critical Values continued** |
| **THERAPEUTIC DRUGS / TOXICOLOGY** |
| Analyte | **Critical Results** | Analyte | **Critical Results** |
| Acetaminophen | > 150 mcg/mL | Pentobarbital | > 45 ug/mL |
| Amikacin | Peak ≥60.0 ug/mL; Trough ≥6.0 ug/mL | Phenobarbital | ≥ 45.0 ug/mL |
| Carbamazepine | ≥ 15.1 ug/mL | Phenytoin | ≥ 22.0 ug/mL |
| Digoxin | ≥2.1 ng/mL | Salicylate | ≥ 30.0 mg/dL |
| Free Phenytoin | > 3.0 ug/mL | Theophylline | ≥ 20.0 ug/mL |
| Gentamicin | Peak ≥20.0 ug/mL; Trough ≥ 1.1 ug/mLNeonates: Trough >/= 1.6 ug/mL | Tobramycin | Peak ≥ 20.0 ug/mL; Trough ≥ 1.0 ug/mL |
| Lidocaine | >6.0 ug/mL | Valproic Acid | >150 ug/mL  |
| Lithium | ≥1.50 mmol/L | Valproic Acid, Free | >40 ug/mL |
| Acetone | ≥ 10 mg/dL | Vancomycin | ≥ 25.1 ug/mL Trough |
| Methanol | ≥ 10 mg/dL | Ethylene Glycol | ≥ 10 mg/dL |
| Isopropanol | ≥ 10 mg/dL | Ethanol (blood) | ≥300 mg/dL |

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| **MICROBIOLOGY** |
| Positive Blood Culture (blood, blood products, transfusion reaction) or new positive blood culture smear with Biofire BCID result when indicated Organisms: S. pyogenes, S. pneumoniae, C. auris, H. influenzae, N. meningitidis, Salmonella spp, L. monocytogenes Resistance markers from BCID: mcr-1, vanA, vanB, CTX-M, VIM, OXA, NDM, KPC, IMP |
| Positive direct smear and culture of any sterile body fluid/device (if smear is positive and culture is positive, an additional call needs to be made to physician to update him with the organism species e.g. Staphylococcus-like, Pseudomonas-like) Ascites/Peritoneal fluid Pleural fluid Blood vessels Bone marrowHeart valve Pacemaker/Pacemaker pocket Pericardial fluid Joint/Synovial fluid Amniotic fluid VitreousAqueous Cornea Organ CAPD fluid Dialysis/perfusate Grafts/Vascular Lymph nodes Prosthetic devices Cellulitis specimens with purulence or amorphous Orthopedic devices debris and organisms Pancreas transport solution |
| Positive direct smear and/or culture from any central nervoussystem specimen (brain and related sources, CSF, shunt) |
| Positive LOOP cultures- contact LOOP coordinator 291-LOOP (5667) |
| Positive Cytomegalovirus (CMV) by PCR- CSF |
| Positive Herpes simplex (HSV) by PCR- CSF  |
| Positive AFB smear / Tissue section |
| Positive TB by PCR  |
| Mycobacterium tuberculosis complex identified in culture from any source |
| Positive Fungal smear |
| Cultures positive for any Class A reportable diseases |
| *Neisseria meningitidis* in blood or CSF (invasive disease) - Page Epidemiology (2399) if seen on gram stain |
| Diseases of the newborn: Group B beta Streptococci, CMV, HSV, *H. influenza*, *Listeria spp*., *Neisseria gonorrhoeae*, *Chlamydia trachomatis* identified from any newborn culture |
| Positive Epstein-Barr Virus by PCR if ≥ 10,000 IU/ml – blood or CSF*Exception: BMT unit: Any viral loads >10,000 within a month of the initial result does not need to be called again (approved by Dr. Devine 02/2017)* |
| RSV by PCR (inpatient is a critical value, outpatient is a courtesy call) |
| Positive *Influenza A/B* tests: (inpatient is a critical value, outpatient is a courtesy call) **Exception: Calls DO NOT need to be made to the emergency room at UH or OSUE.****NOTE:** if an *Influenza A* has been called initially and is positive by another methodology, the code CVPC (critical value previously called) can be added to the report instead of making several calls   |
| Dimorphic molds : *Coccidiodes immitis/posadasii ,Histoplasma capsulatum, Blastomyces dermatidis, Paracoccidoiides brasiliensis* from any source |
| Any Biofire CSF ME detected results, if CSF culture grows what was detected by Biofire, an additional phone call does not need to be made |
| positive Varicella zoster (VZV) by PCR – CSF |
| Positive Meningitis/Encephalitis Panel CSF |

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| **table B: Critical Tests**  |
| ***Expected Notification: Order/Collect to Result*** |
| Critical Care Whole Blood Gas Labs | 30 minutes |
| Single Block Frozen Sections | 40 minutes |
| Intra-Operative PTH | 40 minutes |

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| **TABLE C: courtesy calls**  |
| Abnormal AFP Pre-natal Screens | Non tuberculosis Mycobacteria species in cultures from any source |
| Acid fast bacilli in culture from any source | Parasites |
| BAL Studies for Cell Count / Morphologic review – OSU inpatients or outpatients only | PF4 IgG Elisa Assay – positive and inconclusive results |
| Blood Gas Labs from OR’s or PACU | Pneumocystis carinii / jiroveci – surgical pathology or BAL specimen |
| Chlamydia trachomatis (L & D only) NAAT | Positive *C. difficile* tests on outpatients |
| *Clostridium tetani* | Positive *Influenza A/B*  PCR tests: (inpatient is a critical value, outpatient is a courtesy call) Calls do not need to be made to ED |
|  Dimorphic molds : *Sporothrix schenckii, Penicillium marneffei,* from any source | Positive Pregnancy Tests for OR, ASU |
| STAT Drug Screens (upon client request) | Rapid HIV – Blood/Body Fluid Exposure Protocols – Reactive results |
| Fetal Fibronectin Tests – L&D, ED ONLY | Reportable diseases other than Class A |
| Filamentous fungus sterile site | RSV by PCR (inpatient is a critical value, outpatient is acourtesy call) |
| Gas gangrene |  |
| STAT Gram stains from the OR | Any Gram negative bacilli seen on the Gram stain or growing in culture on infant respiratory cultures |
| Herpes simplex (HSV) by PCR from BAL’s | Staphylococcal pneumonia(Gram stain represents Gram positive cocci in groups only on respiratory Gram stains) |
| Isolates of *Clostridium perfringens* *C*. *septicum* or *C. sordelli* | Stat Microbiology Direct Exams |
| Lamellar Body Count | *Streptococcus pneumoniae* (sterile site, invasive disease) |
| *Legionella pneumophila* from any source | *Streptococcus pyogenes* (wound or tissue culture, cellulitis) |
| Legionella Urinary Antigen – positives | High-Sensitivity Troponin I (HSTI) (>299 ng/L) from the ED display “Call this result to ED” and require a Courtesy Call to ED nursing unit – includes ICC locationHigh-Sensitivity Troponin I (HSTI): A courtesy call will be given to the ED and inpatient units for any extended delay of HSTI results (including dilutions) |
| *Listeria spp*., any site | Virus, Direct Detection, Herpes / Varicella (Tzanck Preparation) |
| *Neisseria gonorrhoeae* (L & D only) culture or NAAT | VISA or VRSA (vancomycin I or R S. *aureus*) |
| *Nocardia spp.* from any source | COVID-19 / SARS-CoV-2 Detected Result* Inpatients – call the floor
* ODRC not needed
* Outside Clients – call client (refer to Submitter chart)
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| **Table D: Microbiology - Calls to Epidemiology 614 346 2399** |
| *Bacillus anthracis* | Any site |
| *Brucella* | Any site |
| *Candida auris* | Sterile sites |
| *Corynebacterium diphtheria* | Any site |
| Gram negative diplococci positive smear | Sterile sites |
| *Franciscella/tularemia* | Any site |
| *M. tuberculosis* | Any site |
| *N. meningitidis* | Any site |
| *Streptococcus pyogenes* | Sterile sites |
| VRSA,VISA | Any site |
| *Yersinia pestis* | Any site |

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| **TABLE E: Critical value exceptions**  |
| Exception Requestion | Approved by | Information |
| CK >500GCRC Dr. Mendell patients | 12/2015 (Grandfathered) | Mendell ICD10 = G71.0 outpatients: do not call (approved 12/2015) |
| Free Clinics - All Critical Values after 5pm | [Dr. JoAnna Williams](%5C%5C%5C%5Cosumc.edu%5C%5Cdfs%5C%5CShared%5C%5CPathology%5C%5CLab%20Compliance%20Officer%5C%5C1%20Lab%20Admin%20NEW%5C%5CAPCP_Testing%20Info%5C%5CCritical%20Result%20Exceptions%5C%5CFW_%20Critical%20Result%20for%20Free%20Clinic%2003_2021.pdf)[Medical Laboratory Director 03/2022](%5C%5C%5C%5Cosumc.edu%5C%5Cdfs%5C%5CShared%5C%5CPathology%5C%5CLab%20Compliance%20Officer%5C%5C1%20Lab%20Admin%20NEW%5C%5CAPCP_Testing%20Info%5C%5CCritical%20Result%20Exceptions%5C%5CFW_%20Critical%20Result%20for%20Free%20Clinic%2003_2021.pdf) | Physicians for Clinic: Dr. Robert Cooper and Dr. Summit ShahClinic Days are Tuesday and Thursday 6-11pmHold all critical values after 5pm to the next day.  |