Critical Result Reporting Acknowledgement

Critical Results are defined as laboratory test results that exceed established limit(s) high or low as defined by the laboratory for certain analytes. It is not only a regulatory requirement but also a laboratory and patient safety protocol.

* Critical Results are to be notified to the appropriate medical staff (physician, provider, etc,) within 30 minutes for further treatment and diagnosis of the patient.
* Established protocol includes that ALL Critical Results are documented in CPRS using the Critical Results Reporting Template with lab value, time, date, and name of physician notified.
* Instruments used in point of care testing yield laboratory test results therefore notification of critical results must be documented in the patient medical record.
* Failure to adhere to established guidelines of documenting reported Critical Results will yield revocation of access to testing platforms until corrective action has been satisfactorily performed.

See chart below for list of Critical Results applicable to point of care testing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** **Platform** | **Analyte** | **Critical Range****Low High** | **Alert Range** |
| Accuchek | Glucose | <40 >450 mg/L |  |
| Coaguchek | INR |  --- >5.5 mg/dL | 4.49-5.49 |
| i-STAT | Glucose | < >450 mg/dL |  |
|  | Sodium | <120 >155 mmol/L |  |
|  | Potassium | <3.0 >6.0 mmol/L |  |
|  | Chloride | <85 >120 mmol/L |  |
|  | Creatinine | ----- >30 mg/dL |  |
|  | Ionized Calcium | <0.78 >1.58 mmol/L |  |
|  | Lactate | ---- >6.0 mmol/L |  |
|  | pH | <7.22 >7.55 arterial<7.1 >7.6 venous |  |
|  | pCO2 | <20 >60 mmHg |  |
|  | pO2 | <50 ---- mmHg<30 ---- mmHg |  |
|  | tCO2 | <10 >45 mmol/L |  |
|  | Hematocrit | <21 >60 %PCV |  |
|  | Hemoglobin | <7 >20 g/dL |  |
|  | ACT-kaolin | ---- >500 secs |  |
|  | cTnI (troponin) | ---- >1.5 ng/mL |  |

I attest that I have reviewed this document.

Effort will be made to ensure that all critical results will be properly documented in the appropriate note in CPRS.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer/Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_