Wake Forest Baptist Medical Center	**Calling Critical and/or Corrected Values**	**Type:**	**Tier * 3**
		Original Effective Date:	**12/91**
		Current (Revised) Date:	**1/7/2019**
		Contact:	Laboratory Compliance, QA and Safety
Approval Signature:		**Date of Signature:**	1/8/19
Name and Title: Gregory Pomper, MD, Medical Director, Clinical Laboratories			

1) **General Policy Statement:**

The definition of a critical test is a test or examination that always requires rapid communication of results, whether those results are normal or abnormal. By their nature, some tests can be identified as always critical, as determined by our institutions Critical Values Task Force. Other tests may or may not be critical, and only the physician ordering such tests can determine whether such tests are critical. At present, laboratory tests can be ordered "stat." It is anticipated by the ordering physicians that such tests will **not** be called back. Thus, our current "stat" laboratory tests do not equate with a critical tests.

a) **Scope**: All WFBMC Department of Laboratory Medicine and Pathology employees, faculty and staff are responsible for complying with this policy.

b) **Responsible Department/Party/Parties**:

i.	Policy Owner:	Department of Laboratory Pathology
ii.	Procedure:	Department of Laboratory Pathology
iii.	Supervision:	Department of Laboratory Pathology
iv.	Implementation:	Department of Laboratory Pathology

2) **Definitions:** For purposes of this Policy, the following terms and definitions apply:

a) ***WFBMC***: Wake Forest Baptist Medical Center and all affiliated organizations including, North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

b) ***Policy***: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.

c) ***Critical Value*** – a value at such variance with normal as to represent a pathophysiologic state that may be life-threatening unless some action is taken in a very short time for which an appropriate action is possible.

d) ***Corrected Value*** – any change in a previously reported value.

e) ***Urgent Diagnosis***- are considered medical conditions that, in most cases, should be addressed as soon as possible.

f) ***Significant/Unexpected Diagnosis-*** are considered medical conditions that are clinically unusual, or unforeseen and should be addressed.

3) Policy Guidelines:

A. Critical Value

- The Department of Laboratory Medicine and Pathology will notify immediately, by telephone, a responsible nurse, physician assistant, physician, or other healthcare provider (as defined by the CMO) of any test result which must be corrected or any test value that falls outside the established critical limits established for certain tests. Exceptions to this procedure must be agreed to, in writing, by the CLIA Laboratory Director, Chief Medical Officer (CMO), and chief(s) of the involved service(s).

- Critical laboratory results shall be reported within 30 minutes after results are available.

- For inpatients, the alert call may be communicated to the unit charge nurse or the nurse taking care of the patient. The call must be identified as a Critical Value/Corrected Value call.

- For outpatients, OPD and Outreach, the physician alert call(s) should be made to the clinic or practice and given to the responsible nurse, physician assistant, physician, or healthcare provider.

- After-hours, the physician alert call(s) should be made to a responsible nurse, physician assistant, physician, or healthcare provider in the clinic or practice. If no one is available to follow the phone message instructions given for after-hours calls.

- Discharged patient physician alert calls should be made to the hospital operator to obtain the name of the person on call for the discharged patient's service.

- Critical values are available in the Pathology Handbook: See Critical Value Table Core Lab.

- Istat critical values: See DownloadAsset

- Glucometer action range values:

- See Point of Care Blood Glucose Monitoring

- Action Range Values (<60mg/dl and >400mg/dl for adults and <50mg/dl and >180mg/dl for neonates) should be called to the attention of a Physician, NP, or PA. A "HIGH" with a "↑" or a "LOW" with a "↓" will be displayed on the glucose meter screen.

- Action Range Values (<60mg/dl and >400mg/dl for adults and <50mg/dl and >180mg/dl for neonates) should be called to the attention of a Physician, NP, or PA. A "HIGH" with a "↑" or a "LOW" with a "↓" will be displayed on the glucose meter screen.

- A reading of <20 or >500 mg/dl falls outside the Abbott Precision Xceed Pro meter's reportable range. These results must be called to the Physician and verified through laboratory testing. The RN, after obtaining a physician order, must verify the results by obtaining a glucose laboratory specimen.

    - **Anatomic pathology results:**
        - **See SOP:** ***Communication of Significant or Unexpected Findings.*** Certain Surgical Pathology and Cytopathology diagnoses may be considered particularly urgent, significant or unexpected. These are not considered critical values under this policy. Urgent diagnoses are considered medical conditions that, in most cases, should be addressed as soon as possible. Significant, unexpected diagnoses are considered medical conditions that are clinically unusual or unforeseen and should be addressed at some point in the patient's course.

B. Corrected Result

- For **ANY** change in a previously reported value, follow the same steps above as calling a critical value.

C. Documenting Critical or Corrected Values

- When a critical value is obtained, **STOP**. Call the nurse, physician assistant, or responsible physician. Identify the patient by name, medical record number, date and time of sample collection before giving report. Record the name of the person you notified and who read back the value(s).

- Modify the critical value called with the name to who called to and read back by and the time the call was made. In the case of a CBC add comments to the Hgb.

- Three (3) attempts should be made to report the critical results. If you receive no response after 3 attempts, document the attempts by appending all three phone numbers and the time last called to the reported value.

- After 3 attempts have been made to give the results, contact the section Medical Director between 8am – 5pm or the Clinical Pathologist on-call after hours (found from the Infinet-Web On-Call).

4) Review/Revision/Implementation

a) **Review Cycle**: This policy shall be reviewed by Department of Laboratory Medicine and Pathology at least every 2 years from the effective date.

b) **Office of Record**: After authorization, the Department of Pathology shall house this policy in a policy database and shall be the office of record for this policy.

5) Related Policies

Communication of Significant or Unexpected Findings

6) Governing Law or Regulations

2015 Hospital Accreditation Standards. The Joint Commission. NPSG.02.03.01

7) Attachments

Critical Value Table

8) Revision/Review Dates

12/91, 5/13, 8/18,

Review Date	Revision Date	Signature
	1/7/2019	