Wake Forest Baptist Medical Center	Critical Care Lab General Information CCL-003	Dept: 324318	Critical Care Labs
		Effective Date:	Sept 1991
		Revised Date:	Feb 2019
		Contact:	Ann Shoffner
Name & Title: Gregory Pomper, MD CLIA Laboratory Director		Date:	2/25/19
Signature: GPomper			

1) General Procedure Statement: Blood Gas Lab staff should follow established laboratory guidelines to maintain consistency in the processing of laboratory test requests and patient specimens.

a. **Purpose:** To provide guidelines for the processing of specimens and related services provided in Blood Gas Lab.

b. **Responsible Department/Party/Parties:**
   i. Procedure owner: Ann Shoffner
   ii. Procedure: Critical Care Lab (CCL) Staff
   iii. Supervision: Ann Shoffner
   iv. Implementation: Ann Shoffner and Critical Care Lab (CCL) Staff

2) Procedure:

A. BLOOD GAS LAB SERVICES: CRITICAL CARE LABORATORY HOURS AND SERVICES: The Critical Care Laboratories include the OR lab located on first floor North Tower and the ICU Blood Gas Lab located on fifth floor North Tower.

ICU Blood Gas Laboratory: This section is open 24 hours a day, seven days a week and provides blood gas analysis, whole blood electrolytes, glucose, lactate, hemoglobin, cooximetry and activated clotting times (ACT) to the institution for all inpatient/outpatient locations and the Emergency Department (ED). NICU and PICU blood gases are performed at the point-of-care by Respiratory Therapy, however samples from these locations may be referred to the Blood Gas Labs if needed. Point-of-Care Testing is overseen by the WFBH Clinical Laboratories.

OR Lab: The OR Lab section provides blood gas analysis, whole blood electrolytes, glucose, iSTAT creatinine, cooximetry, activated clotting times and serum pregnancy service to the Operating Room and Special Procedure areas. The OR Lab is routinely staffed from 6am—7pm Monday through Friday.

OR Lab after hours testing. "After hours" refers to time after 7pm Monday through Friday, all weekend days and holidays. All testing that can be performed in the ICU Blood Gas Lab should be sent to the ICU Blood Gas Lab. ACT samples should be hand delivered immediately after collection. Blood gases may be sent via the pneumatic tube immediately after collection. Testing that cannot be performed in the ICU Blood Gas Lab should be sent from the OR to the Main Clinical Lab.

B. EFFECTIVE "HAND OFF" COMMUNICATION – SHIFT TO SHIFT: Laboratory personnel are responsible for communicating to each other information about instrument and patient care issues. Proper "shift to shift" communication is accomplished using both verbal and written forms such as asking and answering questions, placing an entry into the "shift to shift" log, writing an instrument issue on a troubleshooting log, writing on the huddle board.

C. **TURN-AROUND-TIME (TAT) POLICY:** In recognition of the Blood Gas Labs' mission to provide quality laboratory service as quickly as possible for our customers, the following thresholds have been established to define acceptable turn-around-times for Stat tests. It is the goal of the Critical Care Laboratories that this threshold is met for at least 90% of the tests results reported. Receipt-to-Result TAT Threshold for Blood Gas testing is 15 minutes.

D. **DEPARTMENT OF PATHOLOGY HANDBOOK:** lists tests and services performed in-house with specimen requirements and special handling procedures. The lab may provide a current list of test methods including performance specifications to clients upon request. The Pathology Handbook is accessible via the WFBH Intranet.

E. **PIPETTES:** Automatic pipettes are not used in the Critical Care Labs. All glass pipettes are Class A grade.

F. **RECORD RETENTION:**
- QC records: 2 years.
- Troubleshooting Records:
- Validation/verification of method performance specifications: 2 years after discontinuation of the test
- Patient Requisitions: 2 years
- Validation/verification of method performance specifications: 2 years after discontinuation of the test
- Quality management records: 2 years
- Proficiency testing records: 2 years
- Policies and procedures: At least 2 years following discontinuance
- Individualized Quality Control Plan (IQCP), including risk assessment and supporting data, and approval of quality control plan. Ongoing quality assessment data: 2 years following discontinuation of the IQCP.
- Instrument/equipment maintenance* and function check records (including temperature charts): 2 years
- Personnel Records, Competency assessment records, Training records: 2 years
- Manual computer entry of patient result data from worksheets, print-outs, etc. requires retention of all worksheets, printouts, etc. for at least two years (digitized or photographic images are acceptable). For results that are manually entered into the computer from 1) observation of an electronic display, with no paper print-out available, or 2) manually performed test methods without worksheets, the two-year retention requirement applies to the data within the computer.

G. **CORRECTION OF MANUAL LABORATORY RECORDS:** Laboratory records and changes to such records must be legible and indelible. Original (erroneous) entries must be visible (ie, erasures, white and correction fluid are unacceptable) or accessible (eg, audit trail for electronic records). Corrected data, including the identity of the person changing the record and when the record was changed, must be accessible to audit.

H. **NETWORK/COMPUTER MALFUNCTION NOTIFICATION:** In case of a computer, LIS or Network malfunction, notify the HELP desk(6-4357) ASAP.

3) **Related Procedures:**
Department of Pathology – Laboratory Record Retention Policy
Department of Pathology – Correction of Laboratory Records

4) **References:** none

5) **Related Forms:** none

6) **Related CAP Standards:** GEN.20377, GEN.20425, GEN.20450, COM.06300

7) **Attachments:** none

8) **Previous Revision dates:** 6/93, 5/95, 5/97, 10/99, 3//01, 4/03, 4/05, 3/11, 3/13, 6/14, 12/16

9) **Review/Revision/Implementation:**
   - Review Cycle: All procedures must be reviewed at least every 2 years.
   - Office of Record: Department of Pathology, Critical Care Laboratory

10) **Revised/Reviewed Dates and Signatures:**

Reviewed/Revision Date:_____ Signature:_____

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