Wake Forest Baptist Medical Center	Corrected Report/Critical Value Reporting Policy - Exceptions to the Department Policy CCL-016	Dept: 324318	Critical Care Labs
		Effective Date:	Apr 1992
		Revised Date:	Feb 2019
		Contact:	Ann Shoffner
Name & Title: Gregory Pomper, MD CLIA Laboratory Director		Date:	2/25/19
Signature: GPom			

1) General Procedure Statement:

a. **Purpose:** To provide department specific guidelines to Critical Care Lab staff regarding lab specific exceptions in the reporting of critical values.

b. **Principle:** A critical value is a value at such variance with normal as to represent a pathophysiologic state which is life threatening unless some action is taken in a very short time for which an appropriate action is possible. It is a laboratory responsibility to communicate these values immediately and flawlessly to the responsible caregivers. Refer to the Department of Pathology Policy and Procedure Bulletin following this page for more details and a listing of the critical values defined by the Chief of Professional Services.

c. **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: It is the responsibility of the Blood Gas Lab staff to communicate any defined critical/panic value or result correction immediately and correctly to the responsible clinical staff (physician caring for that patient, charge nurse of that patient's unit, nurse assigned to care for that patient, Adult ECMO Respiratory Therapist assigned to care for that Adult ECMO patient). When calling the critical value or correction, identify the patient by name, medical record number, date and time of sample collection. Record the name of the person you notified, the time and who read back the value(s) or correction. Per CAP COM. 30000, the notification of the critical result must contain the date of communication, the time of communication, responsible laboratory individual, person notified.

Resources for calling Critical Values:

- Wake-On-Call (Intranet) - Search by Provider or Specialty.
- CCL department phone list found under G:\Lab_Shared\ICU_ORLab\PHONE NUMBERS\Phone_Fax.
- For Diagnostic Laboratories Outreach clients – the Clinical Pathology Resident on Call.
- For outside clinics – Lab Critical Values number (336) 716-7344.

If unable to communicate the Critical Value:

Every effort should be made to communicate the critical value. If unable to reach a responsible clinical staff member after 3 or more attempts, release the results with the comment "unable to contact x 3". Document the attempts on the requisition. Notify the section Medical Director (Dr. Pomper 6-7442) between 8am – 5pm or the Clinical Pathology Resident on call using Wake-On-Call (Pathology/Internal/On Call now).

Exceptions to Calling Critical Values:

OR Lab: There is an exception for practical reasons that the OR Lab does not call critical blood gas/electrolyte/hemoglobin critical values to the OR rooms. For patients in surgery, all OR Lab blood gas/ electrolyte/hemoglobin results are reported directly to the OR suite within 10 minutes. Calling blood gas/ electrolyte/hemoglobin critical values would be disruptive and redundant to OR personnel.

Exceptions to Calling Critical Values continued:

ICU Lab:

d. Patients on ECMO have a designated ECMO Respiratory Therapist at their bedside monitoring their care. Critical values on Adult ECMO patients should be given to the Adult ECMO Respiratory Therapist assigned to care for that patient. If the ECMO RT directly responsible for that ECMO patient chooses to wait at the window for the results, the lab may verbally give the critical value to that ECMO RT at the window. The ECMO RT should acknowledge the receipt of the critical value. Lab should document appropriately in RapidComm. The lab will keep the names of the ECMO patients posted on a dry erase board.

e. All results from OR patients, critical or not, must be communicated to the appropriate OR room. If possible, the name of the clinical staff member receiving the results should be noted in RapidComm's *Person Notified* field. If unable to get staff member's name in the interest of time, the OR Room number can be entered in the *Person Notified* field. The time the results are called should be noted in RapidComm's *Time Notified* field.

f. All results from known Rapid Response patients should be called to the Rapid Response RN. These samples will have Rapid Response written on the requisition and a phone number to call. If unable to reach the Rapid Response RN, the charge nurse for the patient's location should be called.

2) **Related Procedures:**
NCBH Policy and Procedure Bulletin – Critical Results of Tests and Diagnostic Procedures PPB-NCBH-10
Department of Pathology - Calling Critical and/or Corrected Values

3) **Attachments:** none
4) **Forms:** none
5) **References:** CCL-QRG-006 CCL Reportable/Reference Ranges, Critical Values, Sample Type and Stability Chart – posted on the cabinet doors in the OR and ICU Labs
6) **Related CAP Standards:** COM. 30000

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

8) **Previous Revision Date(s):** 4/09, 3/11, 3/14, 12/16

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

Reviewed/Revision Date:_____ Signature:_____

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