# CHRISTUS Spohn Hospital – Corpus Christi
# Laboratory Stroke Specimen Collection Policy

**Purpose:** For possible stroke patients, as with all patient specimens, the overarching purpose of the CHRISTUS Spohn Hospital – Corpus Christi System Laboratory is the provision of high quality Laboratory Services through the release of reliable, accurate, and timely test results.

**Policy:** It is the policy of the CHRISTUS Spohn Hospital – Corpus Christi System Laboratory to provide test and/or procedure results that are not compromised by specimen integrity. The Laboratory therefore incorporates specimen collection requirements and guidelines for possible stroke patients in order to ensure that nursing staff, hospital personnel, and physicians are aware of the proper procedures to follow for such collections and their proper submission to the Laboratory. The procedures for proper stroke specimen collection and submission follow.

**Procedures:** All stroke patients must: 1) first, be properly identified per hospital protocol, labeled with all required patient identification, to include all requisite specimen collection information. 2) The second essential step is the placement of a **BLUE DOT** *on each tube*, with subsequent placement of specimen(s) in a **BLUE BIO-BAG, which must be submitted to the Laboratory immediately.**

I. **Blood specimens obtained by the Emergency Department (ED) staff from stroke-alert patients:**
   a. ED staff must call Laboratory Central Processing Department (CP) to notify CP staff that a stroke-alert patient's specimen are collected and en route to the Laboratory via CTS (Computerized Tube System)
   b. CP staff is required to document the following –
      1. Date/time of initial call from the ED
      2. Date/time of specimen arrival
      3. Date/time of specimen delivery to appropriate departments
   c. Delay in specimen arrival: "Delay" is defined herein as **five (5) minutes *after* the ED's notification call** that a stroke-alert patient specimen(s) have been sent to the Laboratory through the tube system
      CP staff is required to monitor and document *any* delay in specimen arrival and take appropriate action (i.e. call the ED to notify of specimen delay, check for malfunction of tube system and immediately contact Plant Maintenance)

II. **Blood specimen(s) obtained by Laboratory Phlebotomy staff from stroke-alert patients (i.e. Code Blue and or Code White):**
   a. Phlebotomy staff are required to call the Laboratory Central Processing Department (CP) to notify CP staff that a stroke-alert patient's specimens are collected and en route to the Laboratory via CTS (Computerized Tube System)
   b. CP staff is required to document the following –
      1. Date/time of initial call from the ED
      2. Date/time of specimen arrival
      3. Date/time of specimen delivery to appropriate departments
      4. Date/time of overall page of code location
      5. Date/time the phlebotomist was dispatched

c. Delay in specimen arrival: "Delay" is defined herein as **five (5) minutes *after* the ED's notification call** that a stroke-alert patient specimen(s) have been sent to the Laboratory through the tube system
   1. CP staff are required to be alert for/monitor and document *any* delay in specimen arrival and take appropriate action (i.e. call the ED to notify of specimen delay, check for malfunction of tube system and immediately contact Plant Maintenance)
   2. CP staff are required to monitor ***any*** delay in the procedure, such as delay in responding to the page, specimen arrival, and so forth and must initiate remedial action immediately (i.e. dispatch second phlebotomist)

**III. Procedure for non-compliance with the Laboratory Stroke Specimen Collection policy and procedures:**
   1. CP staff must generate a HOLD ORDER for any specimen(s) submitted with no LIS order and document all information in the specimen order comment box for future reference should inquiries arise
   2. CP staff are required to place a BLUE DOT on each vial/specimen before dispatching to appropriate section(s) for processing
   3. CP staff are required to adhere to the Laboratory Specimen Rejection Policy for unlabeled, misidentified/wrong patient, and/or other specimen collection issues as described therein

Approved: _____ Date: 12-7-12
Laboratory Medical Director

_____ Date: 12-07-2012
Administrative Director

Date of Issue: November 2012