

## TRAINING UPDATE

**Lab Location:** GEC, SGAH & WAH  
**Department:** Core Group Leads

**Date Distributed:** 1/22/2014  
**Due Date:** 2/24/2014  
**Implementation:** 2/24/2014

### DESCRIPTION OF PROCEDURE REVISION

|   |
|---|
| <b>Name of procedure:</b>   |
| <b>Critical Value Report</b><br><b>SGAH / WAH.LIS36, GEC.LIS32 v1</b>   |
| <b>Description of change(s):</b>  |
| <p>Sections 1, 3 &amp; 5: update Group Lead title</p> <p>Section 5:<br/>Item B – add hosp ID ARH;<br/>Item C – add note for ARH; update PI to QV report</p> <p><b>This revised SOP will be implemented on February 24, 2014</b></p> |

Document your compliance with this training update by taking the quiz in the MTS system.

**Approved draft for training all sites (version 1)**

Non-Technical SOP

|                    |                              |                 |
|--------------------|------------------------------|-----------------|
| <b>Title</b>       | <b>Critical Value Report</b> |                 |
| <b>Prepared by</b> | Leslie Barrett               | Date: 8/20/2009 |
| <b>Owner</b>       | Marie Sabonis                | Date: 8/20/2009 |

| <b>Laboratory Approval</b>   |                  |                       |
|--|------------------|-----------------------|
| <b>Print Name and Title</b>  | <b>Signature</b> | <b>Date</b>           |
| <i>Refer to the electronic signature page for approval and approval dates.</i> |                  |                       |
|  |                  |                       |
|  |                  |                       |
| Local Issue Date:  |                  | Local Effective Date: |

| <b>Review:</b>    |                  |             |
|-------------------|------------------|-------------|
| <b>Print Name</b> | <b>Signature</b> | <b>Date</b> |
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**1. PURPOSE**

To describe the printing and review of the LIS Critical Value report by the Core Lab Group Lead. The report is reviewed to confirm that all critical values were called to the nursing unit / physician and are documented.

**2. SCOPE**

This procedure applies to all critical values.

**3. RESPONSIBILITY**

The Group Lead reviews report daily and follows through on any results without proper documentation.

Laboratory staff are responsible for notification and documentation of critical values in accordance with the laboratory policy.

**4. DEFINITIONS**

Critical Value – potentially life threatening result for a specific laboratory test

**5. PROCEDURE**

**A. General information**

1. The Laboratory Technologists will call critical values to the charge nurse, nurse caring for the patient, or a physician when results of certain tests exceed critical limits important for prompt patient management.
2. The LIS Critical Value report is printed daily by the Core Lab Group Lead to verify that all critical values have proper documentation for notification.

**B. Printing the report**

1. Function: **RP**
2. Printer: enter appropriate LIS printer number
3. ? prompt: select **6** (Quality Assurance Report)
4. Date: **T-1**
5. Hospital ID: **SGAH** or **WAH** as appropriate
6. Hospital ID: **ARH** both sites must include this

7. Hospital ID: <cr>
8. Accept / Modify / Reject: **A**
9. ? prompt: select **3** (Verify Failures)
10. ? prompt: select **4** (by Lab Location)
11. Tech: <cr>
12. Lab Loc. <cr>
13. Test: <cr>
14. Worksheet: <cr>
15. Techs requested **ALL**  
 Accept / Modify / Reject: **A**
16. Tests requested **ALL**  
 Accept / Modify / Reject: **A**
17. Worksheets requested **ALL**  
 Accept / Modify / Reject: **A**

18. Example of the report:

04/10/2006  
 09:19

Adventist HealthCare, Inc.  
 QUALITY ASSURANCE REPORT FOR 04/09/2006 (by lab location)  
 Verify Range Failures  
 FOR HOSPITAL WAH

| NAME                                       | DIAGNOSIS           | HOSP NO. | LOC  | DATE  | TIME | COLLECTION<br>ACC # | TEST  | RESULT | NML | VER | DEL | TEC                  |
|--|---------------------|----------|------|-------|------|---------------------|-------|--------|-----|-----|-----|----------------------|
| ----- Chemistry: SHIFT 3 -----             |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| LAB LOC: WAH WASHINGTON ADVENTIST HOSPITAL |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| HOLLAND, BENJAMIN                          | ; ACUTE ISCHEMIC +  | 505392   | 5300 | 04/08 | 2305 | S25306              | TROPI | 75.02  | *   | ^   |     | @                    |
| TYLER, GEORGETTE L                         | ; HYPOKALEMIA +     | 256238   | 2500 | 04/09 | 0230 | X5459               | TROPI | 0.68   | *   | ^   |     | REP<br>CKDP<br>COM1  |
| ----- Hematology: SHIFT 1 -----            |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| LAB LOC: WS1 SPEC. PROCESSING 1            |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| SINGH, SATNAM                              | ; CAD               | 689268   | 2500 | 04/09 | 0856 | X5825               | PLTC  | 12     | *   | ^   |     | COM2                 |
| ----- Hematology: SHIFT 3 -----            |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| LAB LOC: WS2 SPEC. PROCESSING 2            |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| ZAHN, THOMAS                               | ; MULTIPLE SACRAL + | 185249   | 4200 | 04/09 | 0430 | X5151               | PLTC  | 1150   | *   | ^   |     | COM3                 |
| ----- Coagulation: SHIFT 1 -----           |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| LAB LOC: WS1 SPEC. PROCESSING 1            |                     |          |      |       |      |                     |       |        |     |     |     |                      |
| ARTHUR, VIRGINIA                           | ; ARTERIAL +        | 690192   | 5100 | 04/09 | 1237 | X6168               | PTT   | 73     | *   | ^   | 112 | REP<br>CBACK<br>COM4 |

COM1 RN MARIE @ 0400

COM2 CALLED JEN RN 2500 AT 1004  
 COM3 CALLED STERAPHINE RN 4200 AT 0550  
 COM4 RN NANCY/5100/1340

**C. Reviewing the report:**

1. Review the results on the report to confirm that the results were called. This is noted by “COM....” followed by the comment number.  
**Note:** On the Adventist Rehab Hospital (ARH) report, patient location ARHT denotes ARH at Takoma Park and ARHR denotes ARH at Rockville. Review results for the location appropriate to the laboratory site.
2. Review the comment to verify that documentation includes the first and last name of the nurse/physician, and date / time of call.
3. A **Quality Variance (QV) report** is generated for all results that do not have valid documentation.
4. Critical value reports are retained for two years, and may be sent to off-site storage.

**6. RELATED DOCUMENTS**

Critical Values, General Laboratory policy  
 Critical Values – Accepting Results in LIS, LIS procedure

**7. REFERENCES**

None

**8. REVISION HISTORY**

| Version | Date   | Reason for Revision   | Revised By | Approved By |
|---------|--------|---|------------|-------------|
|         |        | Supersedes SOP LIS034.001   |            |             |
| 000     | 1/3/14 | Sections 1, 3 & 5: update Group Lead title<br>Section 5: Item B – add hosp ID ARH;<br>Item C – add note for ARH; update PI to QV report<br>Footer: version # leading zero’s dropped due to new EDCS in use as of 10/7/13. | L. Barrett | M. Sabonis  |
|         |        |   |            |             |
|         |        |   |            |             |

**9. ADDENDA AND APPENDICES**

None