

**TRAINING UPDATE**

**Lab Location:** SGMC and WAH  
**Department:** Processing

**Date Implemented:** 3.22.2017  
**Due Date:** 4.5.2017

**DESCRIPTION OF PROCEDURE REVISION**

**Name of procedure:**

Fluid Checklist

**Description of change(s):**

1. Updated formatting of form
2. Added "type of fluid" to form. We will retire the CSF tracking form and use the fluid form for all types of fluid.
3. Added documentation area for when nurse or physician are called.
4. Added "tube number" for each laboratory section

**Electronic Document Control System**



**Document No.:** AG.F232[1]

**Title:** Fluid Checklist

**Owner:** LESLIE BARRETT

**Status:** INWORKS

**Effective Date:** 19-Apr-2017

**Next Review Date:**



- Germantown Emergency Center
- Shady Grove Medical Center
- Washington Adventist Hospital

**Fluid Checklist**

Place label(s) here

Part 1 to be completed by specimen processing

Patient Name:	Type of Fluid:
Accession Number(s):	Date/Time Received:
Total Fluid Volume (mL):	Receiving Tech:
Number of Tubes Received:	Cytology Form Present? Yes or No (circle)

**Guidelines**

1. Minimum specimen volume to perform all testing is 10 mL.
2. Phone nurse to verify ALL orders if volume received is less than 8 mL.
3. Call physician if specimen is not adequate to perform all testing ordered. Document orders physician requested, your name, date and time you spoke to the physician.

Contacted (name):	Date/time of contact:	Instruction received:

4. If you cannot reach a physician within 30 minutes of receiving specimen consult with a pathologist.

Part 2 to be completed by transition staff

<b>1. Microbiology</b>	<b>Tube Number:</b>
Tech	Action
	delivered at
	received at
<b>2. Hematology (Minimum volume 0.5 -1.0 mL)</b>	<b>Tube Number:</b>
Tech	Action
	delivered at
	received at
<b>3. Chemistry (Minimum volume 0.5 – 1.0 mL)</b>	<b>Tube Number:</b>
Tech	Action
	delivered at
	received at
<b>4. Cytology (Minimum volume 1-2 mL)</b>	<b>Tube Number:</b>
Tech	Action
	delivered at
	received at
<b>5. Miscellaneous/Send Out Testing (Return specimen to processing)</b>	<b>Tube Number:</b>
Tech	Action
	delivered at
	received at

Total turn-around-time through ALL areas should not exceed 60 minutes.

File Fluid Checklist with scripts and downtime requisitions.