



TRAINING UPDATE and REVIEW

Lab Location: All sites
Department: All depts.

Date Distributed: 11/13/25
Due Date: 11/30/25
Implementation: **Current-**

DESCRIPTION OF PROCEDURE REVISION

Name of procedures:
<p>AHC.LIS 946 Finalizing Blood & Urine Cultures on Expired Patients—New effective July 13, 2025</p> <p>AHC.L45 Critical Values- review</p>
Description/Explanation:
<p>The following explanations are in response to questions from techs about the process.</p> <p>Expired Patients:</p> <ol style="list-style-type: none"> If you are the calling floor with a critical result and told patient has expired <ul style="list-style-type: none"> <u>Append</u> the critical result in the LIS with the code PEXP and free text the date, time, and name of the staff member you spoke to. (See SOP L45, Critical values) If the expired patient meets the following criteria: <ul style="list-style-type: none"> Age 18 or older Central line and/or indwelling catheter Not an organ donor <p>Then</p> <ul style="list-style-type: none"> a rule in Cerner will trigger a requisition to the lab – (to the same printer in Processing where add-ons print). Refer to SOP, AHC.LIS 946 Finalizing Blood & Urine Cultures on Expired Patients, for further steps. The order will be on the OL monitor. If no requisition prints, then expired patient did not meet the criteria. If the expired patient does not meet the above criteria, then proceed with testing as usual. If you get a call from the floor notifying you that a patient has expired: Note- It is not policy to call the lab to report expired patients. <ul style="list-style-type: none"> Get the name of the patient and the person calling. Ask them the reason for their call (this is to get information for follow up) and politely thank them. Report the call to your supervisor for possible RL or to report to nursing management. <p>Read the LIS SOP, AHC.LIS 946 “Finalizing Blood & Urine Cultures on Expired Patients” and review the critical values SOP. Take the MTS quiz.</p>

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

AHC.LIS 946 Finalizing Blood & Urine Cultures on Expired Patients

Copy of version 1.0 (approved and current)

Last Approval or
Periodic Review Completed 7/13/2025

Next Periodic Review
Needed On or Before 7/13/2027

Effective Date 7/13/2025

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Printed By Demetra Collier (110199)

Organization Adventist HealthCare

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	7/13/2025	1.0	<i>Senda Beltaifa</i> Senda Beltaifa MD	
Approval	IT manager	7/7/2025	1.0	Marie Sabonis (104884)	

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
1.0	Approved and Current	Initial version	6/27/2025	7/13/2025	Indefinite

Adventist HealthCare

Title: Finalizing Blood & Urine Cultures on Expired Patients

Non-Technical SOP

Title	Finalizing Blood & Urine Cultures on Expired Patients	
Prepared by	Marie Sabonis	Date: 04/07/25
Owner	Marie Sabonis	Date: 04/07/25

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

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1. PURPOSE

To automate notification to lab that a patient has expired, and no further workups are necessary for “Collected” Blood Cultures and/or Urine Cultures.

2. SCOPE

A Rule on Cerner, based on the following criteria triggers a notification requisition to lab. (Order code CPMBU)

- Age 18 or older
- Central line and/or indwelling catheter
- Not an organ donor

This requisition prints in accessioning to the Lab Add-On orders printer. The lab utilizes the requisition to review in Sunquest for any blood cultures, blood culture work ups or urine cultures that are in preliminary status. A comment is added and culture finalized. Result order CPMBU with DONE. This provides Cerner with acknowledgement of receipt of request. In addition, a daily Crystal report goes to Dr Ponraj. The report includes any Blood Culture work ups sent to Quest. Dr Ponraj will then have Quest d/c any further work up on the cultures.

3. RESPONSIBILITY

- Accessioning and Microbiology

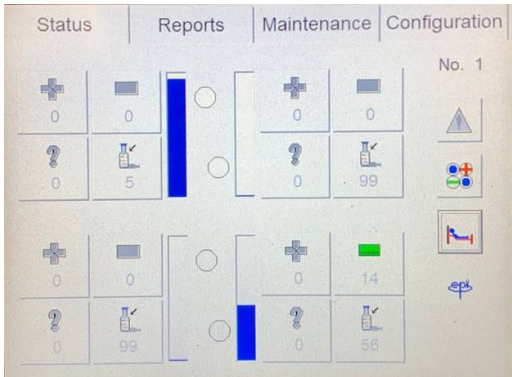
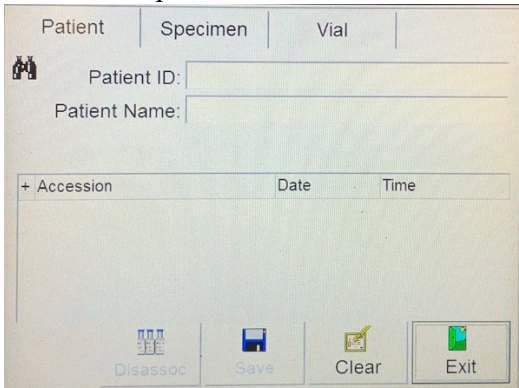
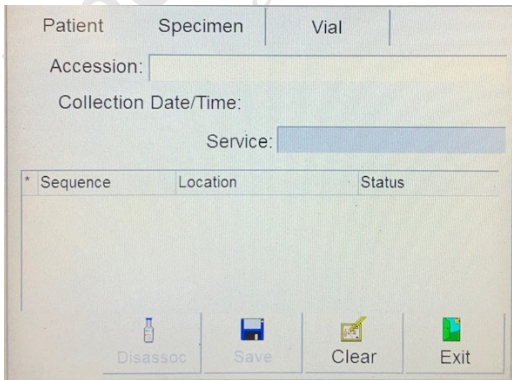
4. DEFINITIONS

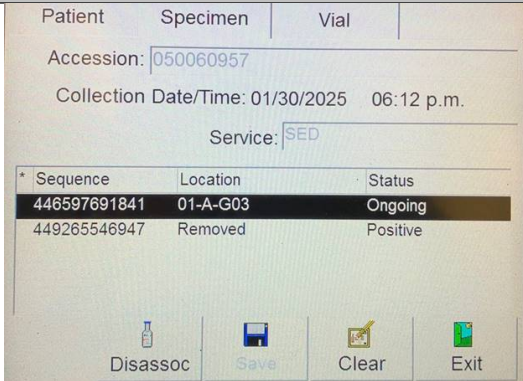
None

5. PROCEDURE

Step	Action
1	Lab to cancel pending cultures (patient expired) requisition will print in Accessioning to the same printer that the Add-on requests print to. The Sunquest order code is CPMBU.
2	a. Accessioning receives order in Sunquest and place Sunquest collection label on requisition. b. Deliver requisition to Microbiology.
Step	Action
1	The top portion of the requisition contains the patient information. The FIN# (Billing / Account #) is in the upper right corner.
2	Micro tech will need to add English Text code DNWI to the Blood cultures (XBLC), Blood culture workup codes (XIDS, XIDSN) and Urine culture (XURNC) that are pending and finalize them. *** DO NOT CANCEL THE CULTURES ***
3	Log into Sunquest GUI and go to MICROBIOLOGY RESULT ENTRY

Step	Action
4	<p>In the Data Search window, change the Lookup by mode from Patient Name to Billing Account Number.</p> <ul style="list-style-type: none"> • In the Value field type in the patient FIN#. • This displays all the microbiology cultures. • Look for the XBLC, XIDS, XIDSN and XURNC, that the Report Status is PENDING
5	<p>You need to add the following English text code DNWI (Patient expired, no further workup is needed) and FINAL the cultures. You do NOT have to call these to the floor or physician.</p> <ol style="list-style-type: none"> XBLC- FOR THE NO GROWTH ones [positive blood cultures have been previously finalized] <ol style="list-style-type: none"> Add DNWI onto the same observation line as the NBOY.... Click on observation line #1. DO NOT REMOVE NBOY... Press TAB Press ; Type DNWI Press TAB four times. On second observation line hit the FINAL KEY (/), click on OK then SAVE twice. XIDS, XIDSN, XURNC <ol style="list-style-type: none"> Add English text code DNWI to next empty observation line # and then finalize the culture.

Step	Action
6	<p>For Blood cultures, XBLC remove any bottles from the Bactec that has not come up positive yet. See below or refer to Bactec FX SOP.</p> <ol style="list-style-type: none">From LED screen on Bactec FX incubator. Select the Patient in Bed icon.  <ol style="list-style-type: none">Select the Specimen Tab  <ol style="list-style-type: none">Enter the numeric accession number. Bactec will provide the location of the bottles. 

Step	Action
	 <p>4. Open the drawer and remove the bottle from that location.</p> <p>5. Press Disassoc to disassociate the bottle from the accession number.</p> <p>6. Press SAVE</p> <p>7. Repeat, if you have any other accession numbers</p>
7	<p>Another option to search for these cultures:</p> <p>A. You can also first go into LABORATORY INQUIRY and look up by FIN#.</p> <p>B. Select Episode or event from the Specify restrictions on time section. Then select the correct FIN#.</p> <p>C. In the Code/View restrictions window, select Department codes and type in MC in the Code field. Then click on Get Results.</p> <p>D. Jot down the Sunquest Accession #s that are still pending for XBLC, XIDS, XIDSN and XURN.</p> <p>E. Proceed to Microbiology Result Entry and proceed to step #6.</p>
8	<p>A. When finalized, result the CPMBU order in Sunquest in SmarTerm with DONE.</p> <p>Note: The Sunquest accession number for the CPMBU is located on the requisition that accessioning dropped off in Microbiology.</p> <p>B. Place requisition in box with other positive blood culture documentation in Microbiology.</p>
Step	Action
1	<p>A scheduled daily Crystal report goes to Dr Ponraj. The report includes the XIDS, XIDSN that Quest will cancel on their end. <i>We do not have to call Quest and cancel them. Dr Ponraj will notify Quest Microbiology department to cancel on their end.</i></p>

6. RELATED DOCUMENTS

None

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By

9. ADDENDA AND APPENDICES

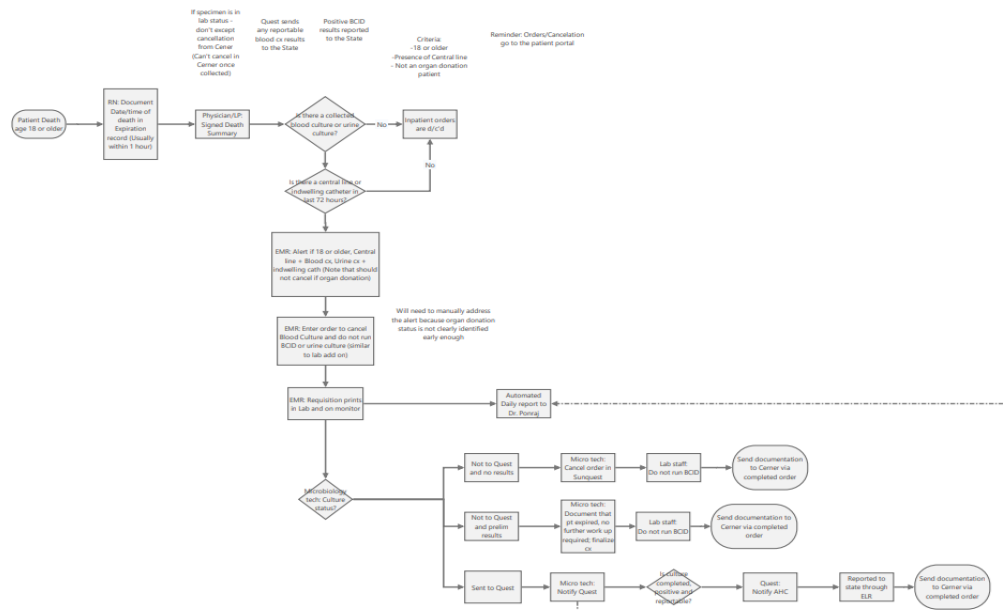
Appendix A: Process Map

Appendix B: Cerner Notification Requisition

Process map:



Title: Post Mortem Blood Cultures
 Scope:
 Purpose:
 Process Owner:
 Approval Date:
 Revision Date:



Adventist HealthCare

Title: Finalizing Blood & Urine Cultures on Expired Patients

Cerner notification requisition:

MEDICAL RECORD NUMBER
(sg)20423374

PATIENT ACCOUNT NUMBER
47621222

Shady Grove Adventist Hospital

PATIENT NAME: **ZZZSGLFROG , ONE**
ADMIT DX: Cirrhosis of Liver

DOB: 01/01/81
AGE: 44 Years

ADMIT DATE: 05/07/24
NURSING UNIT: **4H Test**
ROOM/BED: 4H01BB

HGT: (155 cm) (61.024 in)

WT: (70 kg) (154.324 lb)
SEX: Male

ALLERGIES: **aspirin, shellfish**

ORDER: LAB TO CANCEL PENDING CULTURES (PATIENT EXPIRED)

ORDER DATE/TIME: 04/07/25 14:20 EDT
ORDERING MD: SYSTEM , SYSTEM
ORDER ENTERED BY: SYSTEM , SYSTEM
ORDER NUMBER: 4544246851

Specimen type	Blood
Collection priority	ASAP
Collected	Collected
Requested Start Date/Time	04/07/25 14:20 EDT
Override Share Y/N	Override Share Y/N

Comment

Check for blood cultures,XIDS,XIDSN,BCID and urine cultures for finalization. Refer to SOP

AHC.L45 Critical Values

Copy of version 18.0 (approved and current)

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Organization Adventist HealthCare

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	8/1/2025	18.0	<i>Senda Beltaifa</i> Senda Beltaifa MD	
Approval	Laboratory System Operations Director	7/25/2025	18.0	<i>Robert SanLuis</i> Robert SanLuis	
Approval	Lab Director	7/12/2025	17.0	<i>Senda Beltaifa</i> Senda Beltaifa MD	
Approval	Lab Director	7/9/2024	17.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Approval	Laboratory System Operations Director	7/8/2024	17.0	<i>Robert SanLuis</i> Robert SanLuis	
Approval	Lab Director	5/21/2024	16.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Approval	Laboratory System Operations Director	5/20/2024	16.0	<i>Robert SanLuis</i> Robert SanLuis	
Approval	Lab Director	3/18/2024	16.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Approval	Laboratory System Operations Director	3/18/2024	16.0	<i>Robert SanLuis</i> Robert SanLuis	
Approval	Lab Director	9/29/2022	15.0	Nicolas Cacciabeve	
Approval	Lab Director	11/4/2021	14.0	Nicolas Cacciabeve	
Approval	Lab Service director	11/4/2021	14.0	<i>Robert SanLuis</i>	

Robert SanLuis

Approval	QA approval	11/4/2021	14.0	Leslie Barrett
Approval	Lab Director	4/12/2021	13.0	Nicolas Cacciabeve
Approval	Lab Service director	4/12/2021	13.0	<i>Robert SanLuis</i> Robert SanLuis
Approval	QA approval	4/1/2021	13.0	Leslie Barrett
Approval	Lab Director	12/1/2020	12.0	Nicolas Cacciabeve
Approval	Lab Service director	11/19/2020	12.0	<i>Robert SanLuis</i> Robert SanLuis
Approval	QA approval	11/18/2020	12.0	Leslie Barrett
Approval	Lab Director	3/31/2020	11.0	Nicolas Cacciabeve
Approval	Core lab approvals	3/31/2020	11.0	<i>Robert SanLuis</i> Robert SanLuis
Approval	QA approval	3/25/2020	11.0	Leslie Barrett
Approval Captured outside MediaLab	Lab Director	6/25/2018	10.0	Nicolas Cacciabeve
Periodic review Captured outside MediaLab	Designated Reviewer	6/25/2018	10.0	Nicolas Cacciabeve

Recorded on 3/10/2019 by Leslie Barrett (104977) when document added to Document Control

Recorded on 3/10/2019 by Leslie Barrett (104977) when document added to Document Control

Approvals and periodic reviews that occurred before this document was added to Document Control may not be listed.

Prior History

Updated prefix 11/5/21

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
18.0	Approved and Current	Major revision	7/23/2025	8/1/2025	Indefinite
17.0	Retired	Major revision	7/2/2024	7/9/2024	8/1/2025
16.0	Retired	Major revision	5/17/2024	5/21/2024	7/9/2024
15.0	Retired	Major revision	9/28/2022	4/15/2024	5/21/2024
14.0	Retired	Major revision	11/4/2021	11/4/2021	9/29/2022
13.0	Retired	Major revision	4/1/2021	4/15/2021	11/4/2021
12.0	Retired	Major revision	11/18/2020	12/1/2020	4/15/2021
11.0	Retired	Major revision	3/25/2020	4/7/2020	12/1/2020
10.0	Retired	First version in Document Control	3/10/2019	7/31/2018	4/7/2020

Linked Documents

- 001-18-406 Laboratory Critical Values Policy
- AG.F278 Reference Lab Results Call Log
- AG.F 580 Critical Value Call Log

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Non-Technical SOP

Title	Critical Values	
Prepared by	Leslie Barrett	Date: 1/26/2010
Owner	Robert SanLuis	Date: 7/12/2017

Laboratory Approval		
Print Name and Title	Signature	Date
Refer to the electronic signature page for approval and approval dates.		
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1. PURPOSE

To describe the process to screen results, identify critical values, notify clinical personnel and/or a physician and document the notification.

2. SCOPE

This procedure applies to all Laboratory staff.

3. RESPONSIBILITY

Laboratory testing personnel must demonstrate competency in identifying critical values and notification process during new employee orientation and again whenever changes are made to the critical value list.

The medical director reviews the values for appropriateness and then submits to each hospital's Medical Executive Committee for approval. If any changes are made to the current list the medical director makes the responsible staff aware of all changes and requires competency.

4. DEFINITIONS

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

Suspect Results – results that are suspected to be not representative of in-vivo physiology such as aberrant electrolyte values, values incompatible with life or values from dilution of an IV line.

Priority 1, 2, or 2WD Values – Quest Diagnostics terms to describe results for specific laboratory tests.

Client Custom Values – Quest Diagnostics term for Hospital defined reference laboratory critical values

STAT Value from Reference Lab – any result for a Reference laboratory test that the hospital laboratory requested to be called

TEa – Total Allowable Error; TEa is the amount of error that can be tolerated without invalidating the medical usefulness of the analytical result.

AMR - The Analytical Measurement Range is the range of analyte values that a method can directly measure on the specimen without any dilution, concentration, or other pretreatment not part of the usual assay process

CRR - The Clinically Reportable Range is the range of analyte values that a method can report as a quantitative result, allowing for specimen dilution, concentration, or other pretreatment used to extend the direct analytical measurement range.

The establishment of the CRR is a medical judgment made by the Laboratory director, and is based in part on the assay technology.

Outpatient – a patient serviced by the Lab Outpatient drawing area, usually registered to SLAB or WLAB

5. PROCEDURE

In-House Testing

Step	Action
1	Approved critical values are contained within this policy, posted throughout the department and linked to the appropriate tests within the Laboratory Information System.
2	<p>Critical values will be called as follows:</p> <ul style="list-style-type: none"> A. Upon obtaining a Critical value for an inpatient the Laboratory Technologists will immediately call critical values to the charge nurse, nurse caring for the patient, or a physician (within 1 hour). B. Upon identification of a critical value on an outpatient, the Technologist or Client Services personnel will notify the appropriate Licensed Practitioner or on call designee caring for the patient within two (2) hours. C. All critical results must be called on all inpatients and outpatients 24 hours per day, 7 days per week except for Blood Bank on outpatients (See Appendix A for Blood Bank critical values). Critical results for blood

Step	Action
	bank tests on outpatients only may be called on the next business day when the physician's office opens.
3	<p>The Laboratory will screen all results for critical values. Each critical result should be reviewed carefully prior to release. If the critical value is within the AMR (straight) or the CRR (dilution) the value does NOT need to be repeated. Any critical value that is suspect (e.g. high sodium with a normal chloride or a low RBC with a normal Hct & MCV) must be called with the result given to the caregiver AND the technologist is required to state "result is suspect and WILL BE REPEATED" (see step 4 below). The initial result must be accepted in the LIS and the call documented electronically.</p> <p>A. ED and In-Patients – results will be telephoned to a nurse or physician as soon as a critical result is obtained.</p> <p>B. OutPatients and Discharged In-Patients – results will be telephoned to the ordering physician or the office nurse. If the admitting physician for a discharged inpatient was a hospitalist, the result is called to the on-call hospitalist. Note: the internal lab notification process for OP critical values is outlined in Appendix D.</p> <ol style="list-style-type: none"> If the physician office is closed, contact is initiated via the answering service or pager. If a response is not received within one hour, a second attempt must be made All attempts must be documented in Callback If no response is received after two (2) attempts, notify the pathologist on call and document the incident on a PI/Variance form. Failures to return pages are documented in the hospital occurrence reporting system. Note: Provided the initial notification attempt occurred the time limits specified in section A.2 above, these events are classified as compliant with the policy. If a physician refuses to accept a critical value for a discharged inpatient, then <ol style="list-style-type: none"> Document on a QV form and immediately notify a supervisor. The supervisor must escalate the event to the Medical Director The event must be documented in the hospital occurrence reporting system. <p>C. Expired Patients - Call and confirm with the nursing/medical staff that the patient has expired. Document in the LIS by adding the code PEXP and free-text the date, time, and name of the staff member.</p>

Step	Action
4	<p>If a critical or suspect result was repeated follow the steps below.</p> <p>A. If there is no clinical significant difference (both results are within the TEa limit for that analyte) between the initial and the repeat results, no further action is required (the initial result was already accepted and the call documented). If the initial result was verbally reported as “the value is xxx, it is suspect and WILL BE REPEATED”, call a second time and confirm the initial result.</p> <p>B. If there is a clinically significant difference between the initial result and the repeated result (the difference between the two results is greater than the TEa limit for that analyte), the test should be run a third time. If the last two results match, then a corrected report must be issued. The repeated result will be called, entered in the computer, and the call documented. A quality variance (QV) form must be completed and a look-back performed.</p>
5	<p>All verbal results must be read back to the reporting person. (The person receiving the results, by repeating back the patient name, test name, test results, to the laboratory personnel, will verify the results.)</p> <p>Note: Troponin critical values vary based on whether the result is an initial test or a subsequent one. Subsequent critical values are determined by delta criteria rules. Refer to appendix A for details. If the subsequent critical value does NOT qualify to be called, document this by appending the code TROPc to the result. This code translates to “Laboratory value indicates a critical value previously reported.”</p>
6	<p>All Critical Value calls MUST be documented in the Laboratory Information System (LIS). The documentation MUST include the date and time of the telephone call, and the first initial and full last name of the nurse or doctor receiving the results. The Text Code CBACK (call to and read back by) must be included in the documentation.</p>

Reference Laboratory Priority Results

Step	Action
1	<p>Client custom critical values from the reference laboratory are treated in the same manner as critical values from the hospital laboratory. These are phoned to Specimen Processing and followed by a faxed report</p> <p>A. Result values defined by the hospital as Critical are included in Appendix B. These must be called and documented within the time limits specified in above.</p> <p>B. Reference Lab values that are NOT on the critical value list but are either Priority 1, 2, or 2WD values are phoned to Specimen Processing and followed by a faxed report.</p> <p>a. Results defined as Priority 1, 2 or 2WD by Quest Diagnostics are called 7 am – 7 pm.</p> <p>b. The laboratory employee that receives the call from Quest is responsible for ensuring the result it called to the patient care area.</p>

Step	Action
	<ul style="list-style-type: none"> c. Laboratory staff will call Priority results for inpatients within 8 hours of receipt. d. The laboratory will notify the patient care area that a result for a test has been transmitted to Cerner. The caller will list the name of test resulted, but he/she will not state the result of the test. e. Priority notifications will be documented in callback. f. Refer to Appendix C for Priority Result Reporting Policy definitions utilized by Quest Diagnostics.
2	<p>Antibiotic Sensitivities - Laboratory staff will only notify the provider/nursing unit that sensitivities have been updated. Actual sensitivity results will <u>not</u> be verbally reported.</p> <ul style="list-style-type: none"> A. For inpatients, the provider/nursing unit will be instructed to view sensitivity results in Cerner. B. For outpatients, results will be faxed to the physician's office.
3	Document the call from the reference lab on the Reference Lab Results Call Log and document the call details on the faxed reference lab result and fax to SGMC OPL for entry into Call back (FAX# 240-826-5411). Retain fax and call original documentation.
4	Call and fax the results to the physician, charge nurse, or nurse caring for the patient as appropriate. Results available in Cerner do not need to be faxed.
5	<p>All verbal reports must be read back to the reporting person.</p> <p>Note: Documentation for sensitivity results will only include notification that sensitivities are available; no actual results will be verbally reported.</p>
6	<p>SGMC OPL will document the call via the LIS function Callback during hours of operation. Refer to the Callback procedure for details.</p> <p>Documentation MUST include the date and time of the telephone call, the first initial and full last name of the nurse or doctor receiving the results and the comment code CBACK.</p>
7	<p>The faxed report is retained in a file labeled "Ref Lab Results Called/Faxed."</p> <ul style="list-style-type: none"> A. Maintain 6 months of files (example: Dec, Jan, Feb, March, April, May). Current month is always first, oldest file is last. B. Faxes are placed in the front with newest ones at front. C. When June file is made, Dec file is shredded

6. RELATED DOCUMENTS

- Critical Values - Accepting Results in LIS, LIS procedure
- Callback, LIS procedure
- PRIORITY, STAT and CALL Test Reporting Policy, QDMOQ704, Quest Diagnostics Incorporated, Corporate Medical Standard Policy
- Adventist Hospital Client Specific Priority 3 Values
- Reference Lab Results Call Log (AG.F278)
- Data Innovations Instrument Manager, Laboratory policy

- Laboratory Service Expectations, Laboratory policy
- Critical Value Call Log (AG.F580)

7. REFERENCESCAP Laboratory General Checklist (www.cap.org).

Critical Values in Coagulation – Am J Clin Pathol 2011;136:836-841

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP L007.010		
000	7/8/11	Section 5: Item B – Add process for expired patient, PTT critical value revised and troponin note added. Section 9: Appendices A - C revised (add C diff; revise PTT, Mg, Tobra peak and random; add GEC blood gas)	R SanLuis R Master	Dr Cacciabeve
001	4/6/12	Section 5: Item B.5 – Clarify first critical value applies to each hospital encounter Section 9: Appendices A & B revised (change Vanc trough; remove amikacin & DADS) Appendix B only - specify arterial blood gas for GEC, update age ranges	L Barrett	Dr Cacciabeve
002	3/21/14	Section 5: Item B.2 – Specify after hours reporting and refusal to accept results on discharged patients. Item D – Change process; ref lab to phone, then fax reports; add log, add filing and retention; add read back not required for sensitivity Section 6: add call log Section 9: App D updated to match corporate changes for Priority 2 Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L Barrett L Loffredo	Dr Cacciabeve
3	4/13/15	Section 9: standardize K+ low value as <3.0 for all sites, combine App A&B and re-title, re-number subsequent appendices	L Barrett	Dr Cacciabeve
4	7/22/15	Section 9: App A revised (delete bleeding time, update units for WBC & Plt, revise troponin, correct Cl, replace \geq and \leq signs with $>$ and $<$ and edit values accordingly)	L Barrett	Dr Cacciabeve
5	2/1/16	Section 4: add suspect results and client custom values Section 5: separate calling for IP and OP in item A, revise item B to state result is called & documented before repeat testing, add QV & look-back needed if repeat initiates correction and add calling hospitalist for discharged IP App C: update Quest definitions	R SanLuis L Loffredo L Barrett	Dr Cacciabeve

Version	Date	Reason for Revision	Revised By	Approved By
6	4/5/17	Update owner Header: add other sites Section 4: add Outpatient Section 5: add reference to App D, remove PTT note Section 6: add DI and Service Expectation SOPs, add logs Section 9: add OP process as App D App A: revise PTT value from >80 to >110	L Barrett R SanLuis	Dr Cacciabeve
7	7/12/17	App A: correct PTT value to >100	L Barrett	Dr Cacciabeve
8	1/19/18	Updated format of procedure. Section 5: Added staff will notify pathologist if they cannot reach a provider to report a critical value within 2 hours. Deleted requirement to call sensitivities; lab staff will only notify that a sensitivity is available.	S Codina	Dr Cacciabeve
9	6/1/18	Section 5: Updated troponin subsequent testing App A: Added troponin delta criteria	L Barrett R SanLuis	Dr Cacciabeve
10	3/25/20	Header & App A: Changed WAH to WOMC App A: Removed GDH antigen for C diff App B: Added SARS COV2	L Barrett	Dr Cacciabeve
11	11/12/20	App A: Added SARS CoV-2, amikacin, anti-Xa; revised troponin for new method	L Barrett	Dr Cacciabeve
12	4/1/21	App B: Added TB culture, deleted SARS COV-2	L Barrett	Dr Cacciabeve
13	11/3/21	Header: Deleted site names, added All Labs Section 6: Updated call logs App A: Retitled, added FWMC ED for SARS COV-2 Footer: Updated prefix to AHC	L Barrett	Dr Cacciabeve
14	9/28/22	Section 5: Updated Priority value resulting, calling and documentation steps 1, 3, & 6. Section 9: Updated Appendix B, added E Appendix A: Updated glucose and K+ low critical value and Lactic acid call criteria Appendix B: Updated to Standard and Custom priority values Appendix C: Updated Priority 2 and # 4 and 6. Appendix D: Updated # 1 Appendix E. added this	R SanLuis	Dr Cacciabeve
15	5/17/24	Updated the format to document the name of the person notified of a critical value.	SCodina	NCacciabeve
16	7/2/24	Added additional details regarding the calling of priority values.	SCodina	NCacciabeve
17	7/23/25	Appendix A: Added Call positive Gram Stain for tissue	D Collier	Dr. S. Beltaifa

9. ADDENDA AND APPENDICES

- Appendix A: Laboratory Critical Values List
- Appendix B: Reference Laboratory Priority Value List
- Appendix C: Priority Result Reporting Policy Definitions
- Appendix D: Outpatient Critical Value Notification Process

- Appendix E: Job Aid – Who to call for discharged and outpatients.

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APPENDIX A

Laboratory Critical Values

Test Name	Age	Critical Low	Critical High	Ref Unit
Hematology and Coagulation				
Anti-Xa			>2.0	IU/mL
Fibrinogen		<100	>800	mg/dL
Hgb	>= 30 days	<6.1	>19.9	g/dL
Hgb	0 – 29 days	<6.1	>23.9	g/dL
INR			>3.9	None
Platelet Count		<31	>899	x10(3)/mCL
PTT			>100	Secs
WBC		<2.1	>29.9	x10(3)/mCL
Chemistry, Immunochemistry and Toxicology				
Acetaminophen			>49.9	µg/mL
Alcohol			>400	mg/dL
Amikacin Peak			>30.0	µg/mL
Amikacin Random			>30.0	µg/mL
Amikacin Trough			>8.0	µg/mL
Ammonia			>199	µmol/L
Bilirubin, Total			>17.9	mg/dL
Calcium		<6.0	>13.0	mg/dL
Carbamazepine			>14.9	µg/mL
Chloride		<75	>126	mmol/L
CO ₂		<10		mmol/L
Digoxin			>1.99	ng/mL
Gentamicin Peak			>11.9	µg/mL
Gentamicin Random			>11.9	µg/mL
Gentamicin Trough			>1.9	µg/mL
Glucose	0 – 30 days	<35	>299	mg/dL
Glucose	1 month +	<51	>499	mg/dL
K (Potassium)		<2.9	>6.1	mmol/L
Lactic Acid			>2.0*Sepsis	mmol/L
Only increasing values will be called			>4.0	
Lithium			>2.10	mmol/L
Magnesium		<1.1	>6.9	mg/dL
Na (Sodium)		<120	>160	mmol/L
Phenobarbital			>49.9	µg/mL
Phenytoin			>29.9	µg/mL
Phosphorus		<1.1		mg/dL
Salicylate			>30.0	mg/dL
Theophylline			>19.9	µg/mL
Tobramycin, Peak or Random			>12.0	µg/mL
Tobramycin Trough			>2.1	µg/mL
Troponin-I (initial test)			>100	pg/mL
Valproic Acid			>175.0	µg/mL
Vancomycin Peak			>40.0	µg/mL
Vancomycin Random			>40.0	µg/mL
Vancomycin Trough			>20.0	µg/mL

Troponin-I Subsequent Test Delta Criteria

Prior Critical Value	Delta Threshold	Example
101 - 500 pg/mL	Value doubles	Prior value of 101, next value must be 202 or greater
501 – 1,000 pg/mL	Increase of 250	Prior value of 600, next value must be 850 or greater
1,001 pg/mL or more	Increase of 1000	Prior value of 2,000, next value must be 3000 or greater

Laboratory Critical Values

Microbiology	
Culture/Test	Result
Blood Culture	Gram stain on first positive bottle in set, unless gram morphology differs in second bottle
Cerebral Spinal Fluid	Positive gram stain
Fluids (sterile body fluids other than urine)	Positive gram stain
Sterile Tissue	Positive gram stain
Malaria	Positive preliminary report
<i>Clostridium difficile</i>	Positive <i>C. difficile</i> toxins A/B
SARS CoV-2 (for infectious disease purposes)	Detected (in-patients and FWMC ED & WOMC ED only)

Blood Bank
Blood not available (due to either antibodies or no stock of compatible blood)
Positive antibody screen if it will take more than 2 hours from the time of identification to provide compatible blood products.
Suspected hemolytic transfusion reaction
Positive DAT (direct antiglobulin test) on Transfusion Reaction investigation if the pre-transfusion DAT was negative or the DAT is demonstrating a stronger positive result than the pre-transfusion specimen.
Positive DAT (direct antiglobulin test) for neonate

Shady Grove Medical Center's Emergency Center at Germantown Critical Values

Test Name	Age	Critical Low	Critical High	Ref Unit
Arterial Blood Gas				
PCO ₂ (arterial)	>17 yrs	<19.0	>67.0	mmHg
PCO ₂ (arterial)	31 days – 17 yrs	<21.0	>66.0	mmHg
PO ₂ (arterial)	> 18 yrs	<43		mmHg
PO ₂ (arterial)	31 days – 17 yrs	<45	>124	mmHg
PO ₂ (arterial)	0 – 30 days	<37	>92	mmHg
pH (arterial)	all	<7.21	>7.59	

APPENDIX B - REFERENCE LABORATORY PRIORITY VALUES

Standard Priority Values

Test	Result	Priority
Cryptococcus antigen, serum or CSF	Positive	2
AFB smear	Any positive	2
TB culture	Any positive	2
<i>Bacillus anthracis</i> , culture, nucleic acid, or antigen test	Any positive	1
Culture: blood, CSF, any tissue or sterile body fluid (excluding urine)	Any positive	1
<i>Francisella tularensis</i> , culture, nucleic acid,	Any positive	1
Viral PCR for Enterovirus or HSV, Qual or Quant; CSF	Detected	1
<i>Yersinia pestis</i> , culture, nucleic acid,	Any positive	1
<i>Ureaplasma urealyticum</i> , culture, respiratory	Positive in < 1 year old patient	2
Heparin – Induced Platelet Antibody	Positive	2
Serotonin Release Assay (%)	≥20 %	2

Custom Priority Values - (Microbiology)

Organism Code	Priority 2 - Organism
1	Acinetobacter anitratus
363	Acinetobacter anitratus/haemolyticus
329	Acinetobacter baumannii
925	Acinetobacter baumannii complex
1234	Acinetobacter baumannii complex, carbapenem resistant
364	Acinetobacter baumannii/haemolyticus
32	Acinetobacter species
1204	Candida auris
1213	Citrobacter freundii complex, CRE
1211	Enterobacter aerogenes, CRE
1210	Enterobacter cloacae complex, CRE
702	Enterococcus avium (VRE)
701	Enterococcus faecalis (VRE)
700	Enterococcus faecium (VRE)
705	Enterococcus raffinosus (VRE)
665	Enterococcus species (Vancomycin-resistant)
874	Escherichia coli (ESBL positive - urine ID)
873	Escherichia coli (ESBL)
935	Escherichia coli (urine ID), KPC/CRE
931	Escherichia coli, KPC/CRE
876	Klebsiella oxytoca (ESBL positive - urine ID)
875	Klebsiella oxytoca (ESBL)
937	Klebsiella oxytoca (urine ID), KPC/CRE
933	Klebsiella oxytoca, KPC/CRE
878	Klebsiella pneumoniae (ESBL positive - urine ID)

Adventist HealthCare
Site: All Laboratories

Title: Critical Values

877	Klebsiella pneumoniae (ESBL)
936	Klebsiella pneumoniae (urine ID), KPC/CRE
932	Klebsiella pneumoniae, KPC/CRE
880	Proteus mirabilis (ESBL positive - urine ID)
879	Proteus mirabilis (ESBL)
938	Proteus mirabilis (urine ID), KPC/CRE
934	Proteus mirabilis, KPC/CRE
1214	Salmonella species, CRE
1215	Serratia marcescens, CRE
311	Staphylococcus aureus (MRSA)
901	Staphylococcus aureus (VISA)
867	Staphylococcus aureus (VRSA)
311U	Staphylococcus aureus MRSA (urine ID)
900	Vancomycin resistant S. aureus (VRSA)

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APPENDIX C

Priority Result Reporting Policy, Definitions

Quest Diagnostics Incorporated, Corporate Medical Standard Policy uses the following definitions:

- Priority-1 Reporting (24 hours 7 days) - P1 results are called as critical values.
- Priority-2 Reporting (7am-7pm 7 days)
 - P2 results for inpatients are called ASAP upon receipt.
 - P2 results for outpatients will be called during client's known office hours or between 9am–4pm if unknown, 7 days/week.
- Client Custom Priority Value Reporting

A client may request custom Priority Value thresholds or procedure for notification for all of their patients to allow for

- Tighter reporting criteria (more phone calls)
- More liberal reporting criteria (fewer or no phone calls)
- Alternative hours for reporting (e.g., no weekend calls)

The request must be in writing, approved by the Medical Director and remains in effect until revoked or changed in writing from the client.

The following process and forms may be localized with lab address, contact names, return fax number and attention to, etc.

1. Provide the following applicable form to a client or group that expresses interest in customizing Priority Result Reporting for their patients:
Solo/group request for custom priority result reporting
2. The Medical Director or Chief of Staff of a group practice or hospital medical staff may approve customized Priority Values for the entire group or hospital. The Form makes it clear that it is their responsibility to advise the other practice members. The Medical Director/Advisor of a corporation that is using Blueprint for Wellness may use this Form.
3. Completed form is returned to the Medical Director, or designee, to review.
 - a. If incomplete, return forms to sales representative or the client
 - b. If not approved, client must be informed
 - c. If approved, proceed to next step
4. Authorized personnel enter approved client specific values into the local database.
Call documentation may be requested as needed.
5. Customer Solutions will scan the original signed and approved request and retain per Record Retention Schedule after client account is deactivated.
6. Periodic renewal is required. Custom organisms listed in Appendix B.

APPENDIX D

Outpatient Critical Value Notification Process

A. Technical staff

1. This process is followed for any outpatient critical value that is reported while the outpatient service desk at **SGMC is open**. Refer to the policy Laboratory Service Expectations for hours.
2. Call the Client Service desk and document the call on the Outpatient Critical Value Call Log.
SGMC 240-826-6085
3. Document the date and time of call, accession number, patient name, and test. Also record your tech code and person who received the information. It is not necessary to provide the actual test result.
4. When the outpatient service desk is closed, call the result to the medical provider and document in the LIS or Data Innovations. See Related Documents for appropriate procedures.

B. Client Service personnel

1. When a call is received, document the call on the Outpatient Critical Value Log, Call to Medical Provider form.
2. Record the following information
 - a. date and time of call
 - b. name of the person calling
 - c. accession number
 - d. patient name
 - e. test
 - f. who the result is called to
3. Utilize the patient name, accession number and test to find the result(s) in the LIS.
4. Call the result to the medical provider and document in Callback. Refer to the LIS procedure Callback for details.

Appendix E: Job Aid – Who to call for discharged and outpatients.

1. SGMC & WOMC “who” the staff call.
 - a. Discharged patient that was previously admitted to the hospital—
 - i. Call the hospitalist on duty for most.
 - ii. Call OB on call for L&D and Mother baby patients.
 - iii. Call the pediatrician on call for pediatric patients.
 - iv. Call the intensivist on duty if the patient was discharged directly from the ED.
 - b. Discharged patient that was discharged directly from ED (was never admitted to the floor)—Notify the ED charge or physician on duty.
2. Priority 2 Results for outpatients will be called during office hours.

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