

XXVI. Critical Values and STAT Results			
Effective Date: 3/1998	Reviewed: 5/2024	Revised: 5/2023	<i>Discontinue Date:</i>

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The purpose of this procedure is to ensure that laboratory results will be reported to a responsible individual by Rusk State Hospital personnel in a timely manner. The laboratory staff and the house supervisor have been designated to receive and communicate information to the medical personnel. The RSH laboratory will be notified during routine office hours while the house supervisor will be notified after hours, holidays, and weekends.

A. Critical Values

1. Definition-Rusk State Hospital defines critical lab values as any potentially life-threatening laboratory test result which requires the immediate attention of a provider. The table below contains the list of critical/panic values for this facility. RSH does not provide acute medical treatment and will not wait for a lab result to transfer a patient who needs a higher level of care. RSH Performance Improvement Committee has designated 30 minutes or less as an acceptable time frame from receipt of the critical results to reporting the critical results to the designated caregiver.

2. Critical Value Reporting
 - a. The RSH lab staff and/or house supervisor write down, and then read the test result back to the reference lab staff.
 - b. All Critical or Panic values are called to the provider immediately, followed by notification to the unit RN.
 - c. All Critical or Panic values communicated verbally require a read-back of the results.
 - d. Abnormal values are flagged (P), panic, (C), critical, (H), abnormal high and (L), abnormal low depending upon the performing lab.
 - e. The reference lab documents on the comment line the person called and the time the report was called.
 - f. The RSH lab or house supervisor will place a progress note in CWS using the template entitled "Critical Lab Result". The progress note will include the date and time results are received, time results are called, the provider called, read-back of the critical value, RN notified and will identify who did the notification.
 - g. The report is printed to the ordering/attending providers.
 - h. A log that includes compliance information regarding notifications is maintained in the lab.

ANCILLARY CLINICAL SERVICES - Laboratory
POLICY AND PROCEDURE MANUAL

Critical/Panic Values

Test	Less Than	Greater Than	Units
Sodium	125	150	mmol/L
Potassium	3.0	6.0	mmol/L
CO ₂	10	40	mmol/L
BUN	-	50	mg/dL
Glucose	40	400	mg/dL
Calcium	7	12	mg/dL
Creatinine	-	3	mg/dL
Mg	1	5	mg/dL
Ammonia	-	120	umol/L
AST	-	1000	Units/L
ALT	-	1000	Units/L
Total Bilirubin	-	15	mg/dL
Lithium	-	1.3	mmol/L
Phenytoin	-	30	mcg/mL
Phenobarbital	-	60	mcg/mL
Primidone	-	24	mcg/mL
Carbamazepine	-	20	mcg/mL
Valproic Acid	-	150	mcg/mL
Hematocrit	21	55	%
Hemoglobin	7	18	g/dL
PTT	-	>/=65	Sec
INR	-	>/=4.0	
Platelets	40.0	1000.0	K/mm ³
WBC	2.0	20.0	K/mm ³
Absolute Neutrophils	1.0	-----	K/mm ³
MICROBIOLOGY	All positive blood cultures, CSF cultures,	positive C. difficile toxin assays, and all positive AFB results.	

B. STAT Results

1. STAT tests will be ordered to increase the speed with which care is provided. These tests will be sent to a local reference lab for same day results. The established turnaround time for a STAT test is within two (2) hours after the specimen is received in the reference lab. STAT tests are not inherently critical labs. The RSH driver will pick up the prepared specimen within 1 hour of contact to deliver to the local laboratory.
2. STAT Reporting
 - a. All STATs will be called to the patient provider during lab hours/MOD after hours.
 - b. The report shall be faxed to the patient's unit and the appropriate med clinic provider.
 - c. A copy shall be provided to the lab with a record of all documentation.
 - d. The house supervisor shall result all STATs after hours according to the above procedure.

Citation:

State Hospital Critical Values 2022

