**Attention Hematology Operators:**

After meetings between Dr. Cole in the ICU and Dr. Malcolm, we will be modifying our process for pleural fluid analysis to better serve our patients.

Dr. Cole would like to know if there are greater than 20% Lymphocytes or greater than 10% Eosinophils in the differential for pleural fluids. Because we have stopped performing a full 5-part differential for pleural fluids, this is no longer possible.

We have worked out a compromise that will allow us to continue to report only a 2-part differential. This will involve scanning each pleural fluid slide, (as we do already), and adding canned comments if we estimate >20% Lymphocytes or >10% Eosinophils.

@LYMP comment can be added to the mononuclear % line (*MNBF*) of the LIS report.

@EOSF comment can be added to the polymorphonuclear % line (*PMNBF*) of the LIS report.

This is a similar process to when we add the “@TUB2” comment to the RBC line, after the numeric value, in CSF analysis. It is important to **note however that when you are in the DIFFL pending list, you cannot see these MNBF and PMNBF lines,** because they’re activated on the diff pad that pops up. You can add these comments by bridging to order entry, or by pulling up an alternative resulting worklist like “H.” The policy hem.049 “Body Fluids” has been updated with further instructions.  
Additional Tips:  
If your diff comes out as <20% Mononuclear Cells, it is safe to assume there are not >20% Lymphocytes! Inversely, if your diff comes out as <10% Polymorphonuclear cells, it is safe to assume there are not >10% Eosinophils! In situations where an estimate is not clear, performing a full 5-part diff ‘in the background’ may be necessary using the manual cell counter or some other means.

Sam W 3.14.19 .Version 1.0