Staff Meeting Minutes- April 7, 2016

* With the evening shift shortage and soon to be losing another position, we will each need to do another round of evening coverage. Please sign up on the posted calendar.
* We will be interviewing 3 of the Med Tech students shortly and hope to fill the 2 approved evening positions. Hopefully, the third position will be approved as well soon.
* Patient Story: CML patient - WBC increased to over 300,000. CML- generally has low level blasts and promyelocytes with a fair amount of metas and myelos on smear. Eosinophils and Basophils are present as well. Note: Eosinophils often are in various immature forms, which should be commented upon in the results of the diff. Also note- with this WBC as high as it is, the smear has many round blue cytoplasmic fragments that can be confused with platelets. The analyzer will count them as platelets, giving a falsely high count. Platelets should be done by manual review and counting actual platelets that have red-purple granules, not blue cytoplasmic bodies.
* QC for TEG no longer needs to be printed out. QC should still be done on every shift.
* After reporting patient results from the TEG an instant report from Lab Results Query should be printed and checked by another tech.
* When reporting out TEG results please spell out Citrated Kaolin and Citrated Kaolin with Heparinase. The abbreviation “CK” could be confused with a test in chemistry.
* Just a reminder overfilled blue top tubes means there is no empty space between upper plasma level and the bottom of the cap. If plasma touches the bottom of the vacutainer cap, it means it is overfilled.
* Run samples of PT/PTT for “ No Clot or No reaction or STOP sign” as per protocol on regular / extended or 570 curves; If final result is “No Clot or No reaction or STOP sign” report default result as  “ No Clot” has an automatic canned comment “No clot detected; unable to report value.  Lab suggests redraw”.