**Chemistry Update 01/13/2022**

**Hospital Updates**

While it is sometimes difficult to keep up with general hospital news, please make every effort to do so as we transition to new processes with Jefferson. Keeping updates in a specific folder is helpful so you can find things easily. Please ask if you need help setting this up in your email.

**Chemistry Updates**

**Manually Programming Specimens:**

Please do not forget that you must program the entire specimen accession number **with the container letter at the end** when manually entering this info on the instruments. If you do not, the patient demographics are not associated with the specimen (such as age, which may determine if a result is critical).

Recently a specimen was programmed without the letter at the end, and the critical was not flagged red in IM. The Tech caught it and called the critical. This instance had nothing to do with patient demographics, but for some reason, the rule that highlights the critical K+ did not fire when the K+ was 6.5. The specimen was repeated with the letter included and the K+ rule worked.

At this time, Instrument Manager Tech support is not saying that this can be fixed, but we are working with them.

**Calling Critical Values to the ED:**

An email to Kim Vitelli (Director of Nursing in the ED) was sent expressing our concern in trying to get a hold of an RN to take critical values, especially for those patients in the waiting room. Her response to us is that we should vocera the charge nurse.

**Noting Hemolysis:**

I have seen specimens for Vitamin B12 have a comment noting hemolysis. Our procedure indicates “Do not report hemolyzed samples” . If the index is >30, DO NOT REPORT.

**Ferritin** should be diluted when a > value is resulted. Please do not forget.

Recently, there was a “**TRENDING TO NORMAL”** attached to an OP result that was 28 DAYS sInce the last one. The rule is:

INPATIENT: within the same encounter.

OUTPATIENT: LAST RESULT WITHIN 7 DAYS.